MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43827

JAN 28 1937

1. PLACE OF DEATH

County Buchanan, Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. 1714 South 33rd. St. Ward)

File No.

Registered No. 1521

2. FULL NAME Grace M. Carruthers,

(a) Residence, No. 1714 South 33rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Duncan Carruthers,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) December 1936, 11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Maryland,

FATHER

13. NAME Robert B. Wilderman,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT R. L. Carruthers (ADDRESS) 1714 South 33rd. Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE December 14, 1936

19. UNDERTAKER Heaton-Beyle-Bowman (ADDRESS) 519 So. 10th. Str. Funeral Home

20. FILED 12-14, 1936 N. J. Westlebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934, to Dec 11, 1936

I last saw h... alive on Nov 12, 1936. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Suppression of urine	
Uremia	

Other contributory causes of importance:
Chr. Cholecystitis, obstruction of common bile duct, Chr. Biliary cirrhosis (cirrhosis)

Name of operation Date of

What test confirmed diagnosis? Clinical exam Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. K. Wallace, M. D.

(Address) 301 N. 8 St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7044

6-1782