

JUN 12 1937

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

Do not use this space.

18913

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 1851 E., 78th)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 21177  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Miss Grace Ethel Henley

(a) Residence, No. Roxford Hotel St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
48 7 28

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

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

10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) Strasburg (STATE OR COUNTRY) Mo.

13. NAME Richard Henley

14. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY)

15. MAIDEN NAME Madora Parker

16. BIRTHPLACE (CITY OR TOWN) Pleasant Hill (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Dyas Beamer (ADDRESS) 1851 E. 78th

18. BURIAL, CREMATION, OR REMOVAL PLACE Strasburg Mo DATE May 9 37

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED May 6 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 5 37, to 5 6 37 1937

I last saw him alive on 5 5 37 1937. Death is said

to have occurred on the date stated above, at 2:50 a.m.

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

Rel. pneumonia  
upt. labor ache  
Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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? \_\_\_\_\_

If so, specify. (Signature)

(Signed) \_\_\_\_\_, M. D. (Address) \_\_\_\_\_

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.

U-2444