SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No. 29978

Township — Primary Registration District No. 3001 — Registered No. 183

City Kirksville (No. (Grim-Smith Hosp.) St. Ward)

2. FULL NAME Alice Pierce Grace

(a) Residence, No. Kennedy Apts. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank A. Grace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1856

7. AGE: YEARS 80 — MONTHS 10 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co. Iowa

FATHER

13. NAME: Daniel Wilson Hartupee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mansfield Ohio

MOTHER

15. MAIDEN NAME: Martha Culver Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mansfield Ohio

17. INFORMANT (ADDRESS): Lucille Walvin, Des Moines, Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park Cem. DATE Sept. 5, 1937

19. UNDERTAKER (ADDRESS): Davis Funeral Home, Kirksville, Mo.

20. FILED Sept 4, 1937 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1937, to Sept. 2, 1937
I last saw her alive on Sept. 2, 1937. Death is said to have occurred on the date stated above, at 12:00 (P) m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	(?)
131	
Other contributory causes of importance: Chronic nephritis	1935 (?)

Name of operation: None — Date of
What test confirmed diagnosis? Clinical + laboratory — Was there an autopsy? No

23. If death was due to external causes (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) Spencer L. Freeman, M. D.
(Address) Kirksville, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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