

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

Do not use this space.

1. PLACE OF DEATH **NOV 18 1937**
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 2002
 City Kansas City, Mo. (No. 3026 Bellefontaine) St. _____ Ward _____

2. FULL NAME Grace Cordelia Carder
 (a) Residence, No. 3026 Bellefontaine, _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

36707

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph F. Carder

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Oct. 13, 1937

I first saw her alive on Oct. 13, 1937. Death is said to have occurred on the date stated above, at 7:05 P.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 9 15

Cerebral hemorrhage with right hemiplegia
82a

Date of onset Sept. 20, 1937

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

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) _____

11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Arteriosclerosis

Several years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

13. NAME Horatio N. Cornell

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

15. MAIDEN NAME Mary De Neen

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

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.

17. INFORMANT Mrs. De Neen Brown
 (ADDRESS) 3026 Bellefontaine, K.C. Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct. 15-37, 1937

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

19. UNDERTAKER C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

If so, specify _____ (Signed) John F. Cartmell, M. D.
 (Address) 636 Argyle Bldg. Kansas City, Mo.

20. FILED 10-15-37 m.m. Crowe, esq.
 Registrar.

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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 82a

