

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5015, Park)

File No. 1816
Registered No. 504
St. _____ Ward _____

2. FULL NAME Mrs. Grace B. Small 540

(a) Residence, No. Willis, Kans. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Small

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 11 5

OCCUPATION 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 _____

12. BIRTHPLACE (CITY OR TOWN) Willis, Kans. (STATE OR COUNTRY) 1

FATHER 13. NAME G. Johnson 1

14. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Sarah Haines

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

17. INFORMANT Mrs. M. G. Hamilton (ADDRESS) 5015 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiawatha, Kans. DATE Jan 31 38

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

20. FILED Jan 31, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1937, to 1-29-38, 19____
I last saw her alive on 1/28/38, 19____. Death is said to have occurred on the date stated above, at 1:15 PM

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

Cornary Occlusion
131
Date of onset _____

Other contributory causes of importance:
Chr. Glomerulonephritis (Bright's)
Myocardial failure.

Name of operation no Date of _____
What test confirmed diagnosis? _____ 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) E. Ernest Johnson Jr. M. D.
(Address) 730 Professional
R. C. 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.

RECEIVED

FEB 19 1937

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

copy
Kc 5500
708 W. 47
U. 2444
after 5:30