

REC'D AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 1
Township Washington Primary Registration District No. St. Joseph #2
City St. Joseph (No. St. Joseph #2)

File No. 24795
Registered No. 756
St. _____ Ward _____

2. FULL NAME

Grace Hiltz
(a) Residence, No. 3715 Montford U.S. No. _____ St. _____ Ward Kansas City, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W. White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Mr. Allen C. Hiltz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24, 1874</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day: _____ hrs. or _____ min.
	<u>64</u>	<u>3</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>House wife</u>			
	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) New York (STATE OR COUNTRY)

MOTHER FATHER 13. NAME William Hallett

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

MOTHER 15. MAIDEN NAME Ellen Barber

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE 7-20 1938

19. UNDERTAKER St. Michael's Sons (ADDRESS) 1401 Grand Street Kansas City Mo

20. FILED 7-20 1938 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1938

22. I HEREBY CERTIFY, That I deceased deceased from 7/20 1938 to _____, 19____

I last saw her alive on July 19, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

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

Suicide by hanging
Disinfectant

Other contributory causes of importance:
Cerebral arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury July 19, 1938

Where did injury occur? St. Joseph, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

State Hospital No 2
Manner of injury Hanging by neck
Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) B.W. Tadlock - Coroner M. D.
(Address) 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.

WHITE LABEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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