

## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty Vanover

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or Neoda Mo

City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 875File No. 40266Primary Registration District No. 3039Registered No. 249

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jerry W Graves

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED, WIDOWED OR DIVORCED widower  
(Write the word)DATE OF BIRTH March 6, 1867  
(Month) (Day) (Year)AGE 51 yrs. - mos. - ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?OCCUPATION (a) Trade, profession, or particular kind of work Cook 3-21  
(b) General nature of industry, business, or establishment in which employed (or employer) RestaurantBIRTHPLACE (City or town, State or foreign country) IllinoisPARENTS NAME OF FATHER Elmer GravesBIRTHPLACE OF FATHER (City or town, State or foreign country) IllMAIDEN NAME OF MOTHER Not obtainableBIRTHPLACE OF MOTHER (City or town, State or foreign country) Not obtainable

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Olson Graves(ADDRESS) Archie MoFiled Nov 23, 1911 W. Nelson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that-I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Railroad accident  
killed by car passing  
over trolley  
2076 (Duration) yrs. 11 mos. ds.  
Contributory \_\_\_\_\_ (SECONDARY) \_\_\_\_\_ (Duration) yrs. \_\_\_\_\_ mos. ds.(Signed) J. J. Hombach Coroner M. D.  
X 191\_\_\_\_ Y (Address) \_\_\_\_\_

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Where was disease contracted if not at place of death? Neada MoFormer or usual residence Archie MoPLACE OF BURIAL OR REMOVAL Archie Mo DATE OF BURIAL 11/23, 1911UNDERTAKER W. J. Naim ADDRESS Archie Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY,



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Vernon

Registration District No. 875 File No. 40266

Township \_\_\_\_\_ or \_\_\_\_\_

Primary Registration District No. 3039 Registered No. 249

Village \_\_\_\_\_ or \_\_\_\_\_

City Nevada Mo. (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

George W. Graves.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widowed

DATE OF BIRTH March 6, 1861 (Month) (Day) (Year)

AGE 51 yrs. - mos. - ds. If LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work Cook (b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

BIRTHPLACE (City or town, State or foreign country) Illinois

NAME OF FATHER Ellis Graves

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill.

MAIDEN NAME OF MOTHER not obtainable

BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Olson Graves

(ADDRESS) Archie Mo.

Filed June 1, 1912, by G. H. Nelson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows: Railroad accident killed by car passing over body.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.

(Signed) J. J. Stombach, coroner M. D. Nevada Mo. 1911 (Address) Nevada Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 2 yrs. mos. ds. In the 20 yrs. mos. ds. State

Where was disease contracted Nevada Mo. If not at place of death?

Former or usual residence Archie Mo.

PLACE OF BURIAL OR REMOVAL Archie Mo. DATE OF BURIAL 11/23, 1911

UNDERTAKER W. J. Waincott ADDRESS Nevada Mo.

Original file, date Nov 23, 1911.

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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