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

Do not use this space.

17847

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213-
Primary Registration District No. 3014-

File No.
Registered No. 164

2. FULL NAME Bernard Grafe (Grafe)
(a) Residence. No. 510 Cherry St., ... 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 1-1908

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Winston Deer Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cole Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: August Grafe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Elizabeth Leuthen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMAT: Andrew Grafe
(Address) Jeff. City Mo.

15. FILED 6/25-1927 D. V. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23 27

17. I HEREBY CERTIFY, That I attended deceased from did not attend him or see, 19..., to ..... 19..., that I last saw him alive on ..... 19..., and that death occurred, on the date stated above, at after 12:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Was run over by a train probably while trespassing nobody saw him killed
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 188 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. A. T. Meyer (Coroner), M. D.
6/23, 1927 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Meta Mo
DATE OF BURIAL: 3/25 1927

20. UNDERTAKER: Dawson Tanner Hager
ADDRESS: J C M

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.