

1923

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

Do not use this space.

32761

1. PLACE OF BIRTH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Missouri Methodist Hosp.) St. 1144 Ward 1144

2. FULL NAME Alice Graff

(a) Residence. No. Savannah Mo. St. 1144 Ward 1144
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
61 | 0 | 15 | — | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House-wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1927, to Nov 10, 1927, and that I last saw him alive on Nov 10, 1927, and that death occurred, on the date stated above, at 3:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bowels

11/5 (duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) none
 (duration) — yrs. — mos. — ds.

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Joseph E. Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Elen M. Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH.

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov-7-1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Pathological Laboratory
 (Signed) C. Thomas, M. D.
11/11, 1927 (Address) St Joseph 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.

14. INFORMANT Henry Graff (Address) Savannah Mo.

15. NOV 12 1927 FILED John E. Utz REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Savannah Missouri DATE OF BURIAL Nov 12 1927

20. UNDERTAKER H. O. Seduladen ADDRESS 1802 Union

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.

DEPARTMENT RECORD

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