



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Chariton Registration District No. 171 File No. _____
 Township Keytesville Primary Registration District No. 224-25237 Registered No. 17
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Moses Graves
 (a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Lee Bilbo Graves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 2

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

9. BIRTHPLACE (CITY OR TOWN) Barton
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Thomas Graves

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Martha Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-1-1928 to 8-1-1928, and that I last saw him alive on 8-1-1928, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
age 72
arterio sclerosis
 (duration) 2 yrs. 2 mos. da.
 CONTRIBUTORY (SECONDARY) arterio sclerosis
 (duration) 3 yrs. mos. da.

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? Blood pressure
 (Signed) A. W. Zillman, M. D.
 , 19 (Address) Keytesville

*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 Mrs. Eugene Welch
 (Address) Keytesville, Mo

15. FILED Oct 18 1928 Zettie Breed REGISTER

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Pleasant DATE OF BURIAL Aug 6 1928

20. UNDERTAKER Gas M. Laughlin ADDRESS _____

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

SUPPLEMENTARY

5-26734