

1928

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

Do not use this space.

31042

1. PLACE OF DEATH *Madison*
 County *Madison* Registration District No. *529*
 Township *Chariton* Primary Registration District No. *5705*
 City *Madison* (No. _____) St. _____ Ward _____

2. FULL NAME *Francis M. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Mrs Francis M. Graves*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb. 23, 1848*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 6 13

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

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

10. NAME OF FATHER *Geo. W. Graves*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Kulucy*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary L. Moss*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Missouri*
 (STATE OR COUNTRY)

14. INFORMANT *Mrs Francis M. Graves*
 (Address) *ardmore Mo.*

15. FILED *9-18 1928* *J. L. Trippee M.D.*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 8 1928*

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 1844 _____ P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died suddenly unexpected
Probably apoplexy
827

CONTRIBUTORY (SECONDARY) *7404*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) *J. L. Trippee*, M. D.

*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 *Bethlehem Ceme* DATE OF BURIAL *Sept 10 1928*

20. UNDERTAKER *Albert Skinner* ADDRESS *Madison Mo*

