

DEC 27 1928

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

Do not use this space.

35334

1. PLACE OF DEATH

County Greene Registration District No. 321  
Township Jackson Primary Registration District No. 5745  
City West Plains St. Mo. Ward 19

2. FULL NAME

William M. Graves  
(a) Residence No. R No 2 St. Mo. Ward 19  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 78 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF (OR) WIFE OF Mary E. Graves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 11 21

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa

10. NAME OF FATHER W. M. Graves

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT W. T. Graves  
(Address) 1500 Chamberd Springfield

15. FILED 11/19, 1928 W. L. Lusher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1928, to Oct 21, 1928, that I last saw him alive on Oct 20, 1928, and that death occurred, on the date stated above, at 191

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
191 Chronic Intestinal nephros  
probably 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 191 yrs. mos. da.

18. WHERE AS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 191

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Specimen  
(Signed) J. E. Hayes M. D.  
10/22, 1928 (Address) 623 Woodway

\*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 Dodson Cemetery DATE OF BURIAL Oct 23 1928

20. UNDERTAKER W. K. Kelly ADDRESS Springfield Mo

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.

