WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33648

399

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1 — File No.: 288
Township: Blue — Primary Registration District No. — Registered No.
City: Kansas City (No. 569 Stonewall Ct. St. Ward)

2. FULL NAME: Anna M. Graves.
(a) Residence. No. 569 Stonewall Ct. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Thomas Graves.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 13 1843

7. AGE: Years 85 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: W. C. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Graves.
(Address): 569 Stonewall Ct.

15. FILED 10/15, 1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 14 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-14, 1928 to 10-14, 1928 that I last saw h. alive on 10-2, 1928, and that death occurred, on the date stated above, at 2.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Cerebral 2.30
(duration) yrs. mos. ds.

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

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) M. D.
10-14, 1928 (Address)

*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: Mt. Wash — DATE OF BURIAL: Oct 15 1928

20. UNDERTAKER: M. L. Forster Kan. — ADDRESS: City Mo

Independence