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

Do not use this space.

49

1. PLACE OF DEATH
County Andrew — Registration District No. 16 — File No.
Township Rochester, — Primary Registration District No. 5020 — Registered No. 1
City (No. 1 1/2 Miles No. of Rochester, Mo. St. Ward)

2. FULL NAME Anna Rebecca Graves,
(a) Residence. No. 1 1/2 M. No. of Rochester, Mo. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josiah Graves,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1847

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 81 | 11 | 1 | |

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) Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER Bentley Potter,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Pamelia Wells,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT A.B. Graves
(Address) Rochester, Missouri.

15. FILED Jan. 3, 1929 Mrs. Bettie Boggess REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1928, to Jan. 2, 1929 that I last saw her alive on Jan. 1st, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza & Chronic Myocarditis
(duration) yrs. mos. 7 ds.

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

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? Clinical
(Signed) Chas Allen by JAB, M. D
Jan 3, 19 (Address) Cosby, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Long Branch Cemetery — DATE OF BURIAL: Jan. 4th 1929

20. UNDERTAKER: F. A. Bowman — ADDRESS: Savannah, 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.