

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

Do not use this space.

11970

APR 30 1929

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. WHILE PLAINLY, WITH OMITTING IMPERTINENT DETAILS IS A NECESSARY ELEMENT OF RECORD.

**1. PLACE OF DEATH**

County Randolph Registration District No. 785  
Towaship          Primary Registration District No. 3034  
City Moberly (No. 837) Concepcion St.          Ward         

File No.           
Registered No. 67  
St.          Ward         

**2. FULL NAME**

Lura M Graves  
(a) Residence. No. 837 Concepcion 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 24<sup>th</sup> 1856</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>0</u>
		DAYS
		<u>0</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Calvin Bradley</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	12. MAIDEN NAME OF MOTHER <u>Jerushia Nichols</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>

14. INFORMANT Mrs J. B. Alderson  
(Address) Moberly Mo

15. FILED 4/3 1929 Dr. Thos J. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24<sup>th</sup> 1929  
17. I HEREBY CERTIFY, That I attended deceased from 11 AM 1929, to 2:15 PM 1929, that I last saw her alive on 3/23, 1929, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio Sclerosis  
9/10/19 (duration) 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY)          (duration)          yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF           
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Micro  
(Signed) M. J. Nepe, M. D.  
3-26, 1929 (Address) Moberly 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 Moberly Mo DATE OF BURIAL 3-26 1929

20. UNDERTAKER Mathew Paul Son ADDRESS Moberly Mo

