

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

Do not use this space.

25541

1. PLACE OF DEATH

County Pandolph Registration District No. 935
Township Sugar Creek Primary Registration District No. 3034
City Moberly (No. St. Ward)

File No.

Registered No. 144

2. FULL NAME

See Etta May 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 14

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

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

10. NAME OF FATHER Riley Graves

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Huntsville Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pearl Ager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dalton Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Pearl Graves
(Address) Moberly Mo

15. FILE July 17, 1929 Dr. Thos. D. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from June 14 1929 to June 14 1929
(that I last saw h. or, alive on June 14 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rickets Malnutrition

CONTRIBUTORY (SECONDARY) 56
(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) H. H. Foxson M. D.
July 16, 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 Oakland DATE OF BURIAL July 15 1929

20. UNDERTAKER M. C. Minor ADDRESS Moberly

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.

1929
88

