

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

Do not use this space.

41060

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage (No. _____) St. _____ Ward _____

Registration District No. 408
Primary Registration District No. 3020

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence. No. N. Main St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 7-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret. Farmer
(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) Moline Ill

10. NAME OF FATHER Nelson Graves

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

12. MAIDEN NAME OF MOTHER Frances

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

14. INFORMANT Mrs. Lucille Elaine McConell
(Address) Carthage, Mo.

15. FILED 12/30, 1929 E. H. Hatcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1929 to 12 28 that I last saw him alive on Oct 20 - 3:30, 1929 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

probably - paralysis due to cerebral hemorrhage
1 yr. 1 mos. ds. (duration)

CONTRIBUTORY (SECONDARY) 7/4/29 (duration) 1 yrs. 1 mos. 0 ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. X. Ordanier, M. D.

12/30, 1929 (Address) Carthage, 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 Central Park Cemetery **DATE OF BURIAL** 12-30 1929

20. UNDERTAKER Ulmer - Drake **ADDRESS** Carthage

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.

RECORD

JAN 20 1930

