

NOV 21 1930

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

Do not use this space.

32368

1. PLACE OF DEATH

County Phanton Registration District No. 175
Township Salisbury Primary Registration District No. 4104
City Salisbury

File No. _____
Registered No. 62
St. _____ Ward) _____

2. FULL NAME

Edna Lucile Graebner
(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 4 4

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) Salisbury
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Paul Graebner Adopted Father

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

12. MAIDEN NAME OF MOTHER Emma Martin
Adopted Mo

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

14. INFORMANT Paul E. Graebner
(Address) Salisbury Mo

15. FILED 10/19, 1930 W. W. Stauffer
Salisbury Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-19 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to Oct 19, 1930 that I last saw her alive on Oct 19, 1930 and that death occurred, on the date stated above, at 1 Pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
Chronic
of the A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Shot
(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) W. W. Stauffer, M. D.

*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.
10/19, 1930 (Address) Salisbury Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Winfield Kans DATE OF BURIAL 10-22-1930

20. UNDERTAKER Winkelmeier Bros ADDRESS Salisbury 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.

