WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 28 1931

49
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1746

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper
Township:
City: Joplin, Mo (No. ..... St. ..... Ward)

Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME Edwin B. Graves

(a) Residence. No. St. Johns Hosp 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Wh.	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12-1918

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
12	11	12	

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

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

PARENTS

10. NAME OF FATHER Fred A. Graves
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bellevile
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Birdie McCullough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo.

14. INFORMANT Fred A. Graves
(Address) 43 & Wall

15. FILED 1-31, 1931 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ..... and that death occurred, on the date stated above, at 3 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull and other injuries by being in auto wreck accidentally (duration) ..... hrs.

CONTRIBUTORY (SECONDARY) Occurred in city limits of Joplin Mo (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?

Jan 31 1931 (Signed) J. W. Newman Coroner M. D.
(Address) Granby 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 Fairview
DATE OF BURIAL Feb. 2 1931

20. UNDERTAKER Frank-Dieves
ADDRESS Joplin Mo