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.

FEB 22 1937

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

D Yater

Do not use this space.

4325

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

2 Township ~~Center~~ — Primary Registration District No. 3039 — Registered No. 24

City Nevada (No. ..... St. ..... Ward)

1

2. FULL NAME Mrs. Verda Ray Graves

(a) Residence, No. 245 N. Linn St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don D. Graves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 2 - 1878

7. AGE: 52 Years — Months: ~~Aug~~ 5 — Days: ~~2~~ 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 23

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eagleville Mo

FATHER

13. NAME: Dr. W. T. Bohannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hart County Ky

MOTHER

15. MAIDEN NAME: Sallie Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Rue Co. Ky

17. INFORMANT (ADDRESS): Don D. Graves Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nelton Cemet DATE: Jan 22 1931

19. UNDERTAKER (ADDRESS): Fenn Funeral Home Nevada Mo

20. FILED 2-4- 1931 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1929, to Jan 20, 1931

I last saw her alive on 1/20, 1931. Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
50	
70	

Other contributory causes of importance: Non

Name of operation: Oper Amplitude B Date of 6/1-30

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. M. Yater, M. D.

(Address) Nevada Mo