

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

Do not use this space.

34714 ✓

**1. PLACE OF DEATH**

County Jackson Registration District No. 400 400  
Township Prairie Primary Registration District No. 5553 B  
City Little Blue (No. Jackson Co. Route) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 194 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frank Graves

(a) Residence, No. Jackson County Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-14-1861</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>J. W. Foster</u> (ADDRESS) <u>Jackson Co. Home</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>10-12-1931</u>		
19. UNDERTAKER <u>Ketterlin</u> (ADDRESS) <u>K. E. Moser</u>		
20. FILED <u>10-12-1931</u> <u>W. J. Smith</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1931

22. I HEREBY CERTIFY, That I attended deceased from 7-16-31 to 10-10-31  
I last saw him alive on 10-8-31, 1931. Death is said to have occurred on the date stated above, at 7 P.m.  
The principal cause of death and related causes of importance were as follows:  
Multiple Sclerosis  
87B  
162  
Other contributory causes of importance:  
Senility  
87B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis: Clinical Was there an autopsy? no

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: Yes  
(Signed) H. Schrock, M. D.  
(Address) Independence 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.

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