

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

Do not use this space.

40897

1. PLACE OF DEATH

County Jackson
Township Raw
City R.C. Mo.

Registration District No. 380
Primary Registration District No. 100
(No. 6000 E. 31st)

File No. 1055
Registered No. 1055
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6000 E. 31st St. 14 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

MEDICAL CERTIFICATE OF DEATH

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19 1 18

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. 92C

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 14 3/4 9 5/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anacosta Mont.

13. NAME Alva E. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

15. MAIDEN NAME Lily Valette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT (ADDRESS) Joseph Gravins 6000 E. 31st

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 12-9-13

19. UNDERTAKER (ADDRESS) Chas. B. Papetina R.C. Mo.

20. FILED 12/8 19 31st M. Corowes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Dec 5, 1931.
I last saw him alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of lung due to an acute dilatation of heart due to pregnancy & chronic endocarditis
Was X-Ray same day of death to give
Other contributory causes of importance:
Was 7 months pregnant
Had a chronic Rheumatic endocarditis of about 6 yrs standing

Name of operation None
What test confirmed diagnosis? X-Ray & physical Date of _____
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? _____
If so, specify _____

(Signed) H. E. Schorn Do
(Address) 243 W. 14th St. R.C. Mo.

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.

