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

V. S. No. 08

[illegible] BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2044

1. PLACE OF DEATH.

County Pike — Registration District No. 686 — File No.

Township Spencer — Primary Registration District No. 4-10 — Registered No. 18

City Curryville (No. ..... St. ..... Ward)

2. FULL NAME James William Grafford

(a) Residence. No. ..... St., ... 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: Male

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~~ Annie Grafford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1854

7. AGE: Years 78 — Months 11 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lewis E Grafford

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

12. MAIDEN NAME OF MOTHER Thomas

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

14. INFORMANT Mrs Annie Grafford
(Address) Curryville, Mo.

15. FILED 1-9 1932 T J Elmore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1932

17. I HEREBY CERTIFY, That I attended deceased from January 4, 1932, to January 7, 1932, that I last saw him alive on January 7, 1932, and that death occurred, on the date stated above, at Jan 8-1-154 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stenosis of the Mitral Valve of the Heart

..... (duration) ..... yrs. ..... mos. ..... ds

CONTRIBUTORY (SECONDARY) Arteriosclerosis

..... (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) J R Shoturle, M. D

19 (Address) Curryville 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Curryville, Mo.

DATE OF BURIAL 1/9 1932

20. UNDERTAKER J B Clark

ADDRESS Vandalia, Mo

MISSOURI

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No....., ...St.

2. FULL NAME .....

(a) Residence. No..... St., ...Ward. .....

(Usual place of abode) (If nonresident give city

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

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) .....

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY)

14.

INFORMANT .....

(Address)

15.

FILED....., 19..... .....

REGISTRAR

MEDICAL CERTIFICATE OF D

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

17.

I HEREBY CERTIFY, That I attende

.....,19....., to .....

that I last saw h..... alive on.....

death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

.....(duration).

CONTRIBUTORY (SECONDARY).....

.....(duration

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

, 19 (Address)

*State the DISEASE CAUSING DEATH, or
(1) MEANS AND NATURE OF INJURY, and (2
HOMICIDAL. (See reverse side for additional space

19. PLACE OF BURIAL, CREMATION, OR R

20. UNDERTAKER

fulness of various
eased had retired
ned as *at school* or
to Question 8 and
the occupation by
er write *none*.

ve," etc. Find out

ill," etc. State the

engineer, mechanical
ent of the occupation
inter, machinist, etc.
l be called a *salesman*

es death, *not* the mode
ing death. As related
cation of the principal
Examples:

elated causes

ortance:

	Date of onset
	1 week ago
	1 week ago
	3 days ago
	1 year

N

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