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.

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

Do not use this space.

1. PLACE OF DEATH

48

County Jackson — Registration District No. 398 — File No. 8301

Township Blue — Primary Registration District No. 5554 — Registered No. 71

City Independence (No. ..... St. ..... Ward)

2. FULL NAME Charles Thompson Graves

(a) Residence, No. 1841 Vassar 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: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2 - 1862

7. AGE: YEARS 69 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auditors Office
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Court House 251
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): Holt Co. Missouri 1

FATHER

13. NAME: Orval Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 23

MOTHER

15. MAIDEN NAME: Francis Vinson Sales
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 21

17. INFORMANT (ADDRESS): Mrs C. T. Graves

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Mar 12 1932

19. UNDERTAKER (ADDRESS): Ott + Mitchell Independence Mo.

20. FILED Mar. 12, 1932 J. Cook Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1931, to 3-10-, 1932

I last saw his alive on 3/10, 1932 Death is said to have occurred on the date stated above, at 3:30 am

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

Carcinoma of the Prostate gland 51C — Date of onset 1 yr

51C

Other contributory causes of importance: 51C (1)

Name of operation Prostatectomy 7 yr ago

What test confirmed diagnosis? Clinical Cystoscopic Was there an autopsy?

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

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no injury

Manner of injury none

Nature of injury none

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

If so, specify .....

(Signed) C H Allen, M. D.

(Address) Independence Mo.