

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

Do not use this space.

27333

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City (No. 730) Deland

File No. _____
Registered No. 81
St. _____ Ward _____

2. FULL NAME

Victoria Graham Dozier
(a) Residence, No. 730 Deland St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Frank M. Dozier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 9 14

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. _____
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) Rum Ind 2

FATHER 13. NAME John A. Graham

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

MOTHER 15. MAIDEN NAME Alice Avalin

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Francis Dozier
(ADDRESS) 730 Deland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Sept 1 1932

19. UNDERTAKER Abraham Ed. Lane
(ADDRESS) 6175 Delman

20. FILED Aug. 31 1932 Gene D. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1910, to Aug 30, 1932
I last saw her alive on Aug 29, 1932 Death is said to have occurred on the date stated above, at 7:30 pm
The principal cause of death and related causes of importance were as follows:

Chronic endocarditis Date of onset 1910
92A 92B
57A 92C
Other contributory causes of importance: Arthritis

Name of operation _____ Date of _____
What test confirmed diagnosis? (D) 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) J. M. Barto, M. D.
(Address) 6123 Easton St

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.

SEP 7 1932

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Dr J. H. Barto
Wellton Bldg.
6-23 Easton St.

MAR 1 1942

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