

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

Do not use this space.

32739

**1. PLACE OF DEATH**

54 County Lafayette Registration District No. 454  
Township Middleton Primary Registration District No. 5620A  
City No. St. 8 Ward

**2. FULL NAME**

Emil Henry Graine

(a) Residence, No.  St.  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**

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 Caroline Graine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 30-11-1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	37	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) New Melle (STATE OR COUNTRY) Mo.

13. NAME John Graine

14. BIRTHPLACE (CITY OR TOWN) New Melle (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lucy Neudecker

16. BIRTHPLACE (CITY OR TOWN) Ferresage (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Adwin Graine Alma Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alma DATE 10/3-1937

19. UNDERTAKER (ADDRESS) A. Bremer Alma Mo.

20. FILED 10-3-1937 J. G. W. Fischer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-28-, 1937, to 9-30-, 1937  
I last saw him alive on 9-30-, 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Mycarditis  
9389310  
Other contributory causes of importance:   
Date of onset

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

(Signed) J. G. W. Fischer, M. D.  
(Address) Alma, 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.

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