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.

JAN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
36 County Franklin — Registration District No. 297 — File No. 39161
8 Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 113
7 City Washington (No. ..... St. ..... Ward)

2. FULL NAME Mary Blanche Graf
(a) Residence, No. 711 Walnut Street St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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 Oliver Graf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28th01925

7. AGE: YEARS 27 — MONTHS 4 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Pacific Missouri 1

FATHER
13. NAME James Davies
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER
15. MAIDEN NAME Katherine Mehlhase
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St Louis Illinois 2

17. INFORMANT (ADDRESS) Oliver Graf 711 Walnut Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Mo. DATE Dec. 29 1932

19. UNDERTAKER (ADDRESS) Otto & Co, Geo H Otto 2nd & Elm

20. FILED Dec 28 1932 O. L. Munch Registrar

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1930 to Dec. 26, 1932
I last saw her alive on Dec. 15, 1932. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug 1930

23A

Other contributory causes of importance:
None

1

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) [signature], M. D.
(Address) Washington, Mo.