

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

Do not use this space.

1250

48-5-133
48-5-133

1. PLACE OF DEATH
 County Jackson Registration District No. 998
 Township Blue Primary Registration District No. 305A
 City Independence (No. Taylor & Hooker) St. _____ Ward _____

2. FULL NAME Stephan Taylor Grader
 (a) Residence. No. 516 Merlington K.C.M. 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.

File No. _____
 Registered No. 37
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
82 2 — —

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) Unknown
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Hattie Cooper
 (Address) 4208 Cherokee K.C.M.

15. FILED Jan 24, 1933 Dr. L. L. Cook
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, to Jan 23, 1933 that I last saw h. alive or dead suddenly, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Failure
131
93C

CONTRIBUTORY (SECONDARY) Chrom Myocarditis (duration) yrs. mos. ds. 4
4 hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? blueal
 (Signed) L. L. Cook M. D.

Jan 24, 1933 (Address) Independence

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. DATE OF BURIAL Jan 25 1933

20. UNDERTAKER Obt + Mitchell (ADDRESS) Independence

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.

PARENTS

