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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County Perry — Registration District No. 658 — File No. 17368

Township ~~Lithium~~ — Primary Registration District No. ~~5875~~ 4376 — Registered No.

City Lithium (No. ..., ... St. ..... Ward)

79

2. FULL NAME Mrs. Helen Graff

(a) Residence, No. Lithium Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 John C. Graff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1863

7. AGE — YEARS 69 — MONTHS 4. — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

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) Perry Co. Mo.

FATHER

13. NAME Samuel Rankin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Ellen Kline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) John C. Graff Lithium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE May 26 1933

19. UNDERTAKER (ADDRESS) Bey Undertaking Co. Perryville Mo.

20. FILED 5/26 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to May 24, 1933

I last saw her alive on May 24, 1933. Death is said to have occurred on the date stated above, at 6:30 A m.

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

	Date of onset
Myocardial Failure	
93C	
82D	
93D	
93	

Other contributory causes of importance:

Chronic Myocarditis	3 yrs.
Hypertension	
Paralytic Chr.	

Name of operation No. Date of

What test confirmed diagnosis? Was there an autopsy?

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) Oscar A Carron, M. D.

(Address) Perryville, Mo.