

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

Do not use this space.

26027

1. PLACE OF DEATH

29 County Madison County
4 Township Washington
City Madison (No.)

Registration District No. 238
Primary Registration District No. 4445

File No.
Registered No.
St. Ward)

2. FULL NAME Warren Foster Graves

(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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 4 6

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

13. NAME Arthur Hauer

14. BIRTHPLACE (CITY OR TOWN) Stockton Mo (STATE OR COUNTRY)

15. MAIDEN NAME Label Hammond

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison Cemetery DATE Aug 10 1933

19. UNDERTAKER B. F. Hauschild (ADDRESS)

20. FILED 8-10 1933 J. P. Wren Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1933 to Aug 9th 1933

I last saw him alive on Aug 9th 1933 Death is said

to have occurred on the date stated above, at 10 p.m.

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

Broncho-Pneumonia Bacterial Endocarditis
Intestinal Parasites (chronic) in worms
Other contributory causes of importance: none

Name of operation: none Date of

What test confirmed diagnosis? 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 Paul E. Finston DO
(Signed) (Address)

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 26 1933

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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