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 4 1934

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

Do not use this space.

36195

1. PLACE OF DEATH
County Greene
Township Springfield
City (No. 2240 N. Milton St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 771

2. FULL NAME James Marion Graves
(a) Residence, No. 2240 N. Milton 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 Jennie M. Graves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26-1864
7. AGE YEARS 68 MONTHS 11 DAYS 6 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm
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) Mo.

FATHER
13. NAME Richard Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Jennie M. Graves Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Robberson Prairie DATE Nov 5 1933
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.
20. FILED 11-5 1933 Ralph W. Langston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-1933
22. I HEREBY CERTIFY, That I attended deceased from 10-3-1933 to 11-2-1933
I last saw him alive on 11-2-1933 Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sub Acute Myocarditis & Renal disease Causing pulmonary oedema | |
| 93A | 10-31-33 |
| 133C | |
| 11LB | |

Other contributory causes of importance 132

Name of operation 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) C. E. Fuller, M. D.
(Address) Springfield Mo.