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.

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

Do not use this space.

1. PLACE OF DEATH
County Bates
Township Hudson
City ..... (No. ..... St. ..... Ward)

Registration District No. 5-4
Primary Registration District No. 5-085

File No. 11879
Registered No. .....

2. FULL NAME George Washington Gragg

(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) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20-1867

7. AGE YEARS 66 MONTHS 3 DAYS 24 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.
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 Henry Gragg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Elizabeth Severe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Edward Gragg Rockville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE 4-16 1934

19. UNDERTAKER (ADDRESS) Frank Lee Appleton City Mo

20. FILED Apr 16 1934 Mrs A. B. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934 to April 12, 1934
I last saw him alive on April 12, 1934 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Scirrhus Cancer Liver — Date of onset Nov 1-1934
AGE

Other contributory causes of importance:
Ascites

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? no
If so, specify —

(Signed) J R Colson, M. D.
(Address) Schell City Mo