

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

Do not use this space.

**1. PLACE OF DEATH**

County Harrison  
Township Dallas  
City..... (No..... St..... Ward)

Registration District No. 348  
Primary Registration District No. 5482

File No. 20177-A  
Registered No.....

**2. FULL NAME** Alice Rose Degraw

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-4-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or 5 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, 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 X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

FATHER 13. NAME J. C. Degraw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

MOTHER 15. MAIDEN NAME Mary Alice Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

17. INFORMANT J. C. Degraw (ADDRESS) Cainsville Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial. PLACE First Cemetery DATE 6-5-34

19. UNDERTAKER J. Evan Johnson (ADDRESS) Cainsville Mo.

20. FILED July 8 19 34 J. W. Mann Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934 to June 4, 1934. I last saw her alive on June 4, 1934. Death is said to have occurred on the date stated above, at 6:00 p.m. The principal cause of death and related causes of importance were as follows:

Premature birth 30 weeks  
157  
159  
Other contributory causes of importance

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) A. L. Wersley, M. D. (Address) Bethany Ill. Co.

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.

AUG 14 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

