

WRITE PLAINLY WITH UNFADING INK IN THESE SPACES

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.

20955

1. PLACE OF DEATH

County Johnson
Township St. Serratt
City (No. _____) _____ St. _____ Ward _____

Registration District No. 431
Primary Registration District No. 494
5593

File No. 16
Registered No. _____

2. FULL NAME

Mary Columbia Graves

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-27-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 7 28

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) Johnson Co. Mo

MOTHER 13. NAME Columbus Heard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Joe Graves
Knob Noster Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 6-26 34

19. UNDERTAKER (ADDRESS) C. L. Sauls
Knob Noster Mo

20. FILED 6/21 1934 J. A. Koch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24 1934 to June 25 1934
I last saw her alive on June 25 1934 Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

(1) Diabetes Mellitus Date of onset 1929
5-9
131 5A
Other contributory causes of importance:
(2) Chlorophthalmia ?

Name of operation none Date of _____
What test confirmed diagnosis? Glucose Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Red Cross M. D.
Knob Noster Mo
(Address) _____

