

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

Do not use this space.
Barden
File No. 23185
Registered No. 25
St. _____ Ward _____

1. PLACE OF DEATH
County Boone Registration District No. 72
Township Centralia Primary Registration District No. 4041
City Centralia (No. _____) St. _____ Ward _____

2. FULL NAME Millie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2nd 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
46 0 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

10. NAME OF FATHER Wm. Keaton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wm. Keaton

12. MAIDEN NAME OF MOTHER Wm. Keaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wm. Keaton

14. INFORMANT Charles Graves
(Address) Centralia Mo

15. FILED 7/24/34 J. H. Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1934

17. I HEREBY CERTIFY, That I attended deceased from July 14 1934, to July 23 1934 that I last saw her alive on July 14 1934, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the uterus
540
45

CONTRIBUTORY (SECONDARY) Fibroid of uterus
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
WAS THERE AN AUTOPSY? yes (uterine carcinoma)
WHAT TEST CONFIRMED DIAGNOSIS: _____
(Signed) Frank Wm Barden M.D.
7/24/34 (Address) Centralia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centralia Mo bur DATE OF BURIAL July 25 1934

20. UNDERTAKER M J McDonald ADDRESS Centralia Mo

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.

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

AUG 14 1934

2550

31

32

