

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.

JUN 27 1935

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

Do not use this space.

17421

1. PLACE OF DEATH

County Pike
Township Loumiana
City Loumiana

Registration District No. 689
Primary Registration District No. 2033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Blanche Graver
(a) Residence, No. Doubling Green, Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 2 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Mo.

MOTHER FATHER 13. NAME Henry Graver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Mo.

MOTHER 15. MAIDEN NAME Effie McBride

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Mo.

17. INFORMANT (ADDRESS) Mrs Henry Graver (mother) Doubling Green, Mo.

18. BURIAL OR REMOVAL INFORMATION, OR REMOVAL St. Clements Cemetery May 14 1935

19. UNDERTAKER (ADDRESS) Avon Bank & Trust Co. 13 N. 1st St. Potosi, Mo.

20. FILED 5/14 3:50 P.M. 1935 Chaley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1935 to 5-12 1935

I last saw h.e.t. alive on 5-11 1935 Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset 4/21/35

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Widal Was there an autopsy? No

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) Wm. B. Holloman, M. D.

(Address) Bowling Green Mo.

