

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

Do not use this space.

AUG 15 1935

19177

1. PLACE OF DEATH

County Cass
Township Austin
City Hope (No. _____)

Registration District No. 147
Primary Registration District No. 6310

File No. _____
Registered No. 7 Ward _____

2. FULL NAME

(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)

Married

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

Melissa Ann Gragg

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

July 16 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>	<u>10</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(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)

Bunker Hill Ill.

10. NAME OF FATHER

John Gragg

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

Ill.

12. MAIDEN NAME OF MOTHER

May King

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

England

14. INFORMANT

Mrs. Carl Laycock
(Address) Archie, Mo.

15. FILED

6/15 1935 Dr. B. B. Fout
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 16 / 1935

17.

I HEREBY CERTIFY, That I attended deceased from May 30 to June 14, 1935, to June 14, 1935, that I last saw him alive on June 14, 1935, and that death occurred, on the date stated above, at 1:14 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis cystitis
Prostatitis
uræmia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) T. W. Bair, M. D.

, 19 (Address) Archie MO

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Butler

DATE OF BURIAL

June 16 1935

20. UNDERTAKER

Atkinson & Eastle

ADDRESS

Archie, 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.

2288

PARENTS

100-101-24

100-101-24

100-101-24

100-101-24

*

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

Do not use this space.

1. PLACE OF DEATH

County..... Cass
Township..... Austin
City..... No. St. Ward)

Registration District No. 147
Primary Registration District No. 5310

File No.
Registered No.

2. FULL NAME

(a) Residence, No. S. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min
84 10 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Rolla, Mo.

FATHER 13. NAME John Bragg

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

MOTHER 15. MAIDEN NAME May King

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

17. INFORMANT (ADDRESS) Mrs. Carl G. Adair

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burials Mo. DATE June 16, 1935

19. UNDERTAKER (ADDRESS) Adkins & Colburn

20. FILED June 15, 1935 Mrs. Dora Adair Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935, to June 14, 1935
I last saw deceased alive on June 14, 1935 Death is said to have occurred on the date stated above, at 11 A. M.

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

Nephritis cystitis
Prostatitis benigna
Chronic Nephritis
Other contributory causes of importance:

Date of onset

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) T. J. Adair, M. D.

(Address) Archie Mo.

SEP 21 1955

S-19177

RECEIVED