JUL 17 1936

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

Do not use this space.

25-749-1

1. PLACE OF DEATH
County Callaway — Registration District No. 102 — File No.
Township Jackson — Primary Registration District No. 3100 — Registered No. 330
City (No. , St. Ward)

2. FULL NAME Hallie Graves Jr
(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: Negro
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): July 19-1935
7. AGE: YEARS | MONTHS | DAYS: 18 | If LESS than 1 day, hrs. or min.

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): Auxvasse Mo.

FATHER
13. NAME: Hallie Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Readsville, Mo.

MOTHER
15. MAIDEN NAME: Bertha Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calwood, Mo.

17. INFORMANT (ADDRESS): Hallie Graves McCredie Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crows Fork DATE: 8/7 36
19. UNDERTAKER (ADDRESS): Hughes Mauphin Auxvasse Mo.
20. FILED: Aug 10, 1936 Mrs H. A. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 7th, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1935, to Aug 3rd, 1935
I last saw him alive on Aug 1st, 1935. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~	
Malnutrition	
15	

Other contributory causes of importance:
Malnutrition

Name of operation: [illegible] Date of: 7
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) M. A. Richardson M. D.
(Address) Fulton 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.