

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

Do not use this space.

40016

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Plattin Primary Registration District No. 5576
City (No.) St. Ward

2. FULL NAME Sarah Elizabeth 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22., 1865		
7. AGE	YEARS	MONTHS
	70	2
		DAYS
		14
		IF LESS than 1 day, hrs. or min.
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) Sept. 1935	
	11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky		
FATHER	13. NAME James Collard	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
MOTHER	15. MAIDEN NAME Sarah Gladen	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
17. INFORMANT Gladys Vaughn (ADDRESS) 2509 E. Milton. Overland Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Ill DATE 12/8/35		
19. UNDERTAKER Duester and Vinyard, Inc. (ADDRESS) Festus Missouri		
20. FILED 1/10 J. C. Rutledge Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 5, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **11:30**, 1935, to **12-5**, 1935.
I last saw him alive on **12-4**, 1935. Death is said to have occurred on the date stated above, at **8 P.** m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset **12/4**

Other contributory causes of importance:
Hypertension of Arteries

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) **Harry York** M. D.
(Address) **Festus Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

