

FEB 18 1936

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

Do not use this space.

854

1. PLACE OF DEATH

County Franklin.

Registration District No. 297

Township

Primary Registration District No. 3016

City Washington, MO

(No.)

St.

Ward)

File No.

Registered No. 2

2. FULL NAME

Charles August Grafrath, MO

(a) Residence, No. 523 Walnut, Washington, St. 2nd. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Fredericke J. Grafrath.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9th, 1854.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store.
10. Date deceased last worked at this occupation (month and year) 1915. 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solinger, Germany.

FATHER 13. NAME Peter Daniel Grafrath.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

MOTHER 15. MAIDEN NAME Amalia Kuect.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

17. INFORMANT (ADDRESS) William E. Grafrath, New Haven, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE 1/9/36.

19. UNDERTAKER (ADDRESS) Washington, Mo. Nieburg and Vitt, Inc., Washington, Mo.

20. FILED Jan 7 - 1936 HA. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1936, to Jan 7 - 1936
I last saw him alive on Jan 6 - 1936 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Chronic myocarditis
Bronchial pneumonia
Date of onset unknown
1-9-36

Other contributory causes of importance: none

Name of operation none Date of ✓
What test confirmed diagnosis Clinical 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 36

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) H.A. May, M. D.
(Address) Washington, 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.

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

