

APR 9 1936

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

Do not use this space.

10758

1. PLACE OF DEATH

County Jackson Registration District No. 599Township Brooklyn Primary Registration District No. 1002City Kansas City (No. 1523) Brooklyn St. 1523 Ward)

2. FULL NAME

(a) Residence, No. 1523 Brooklyn Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE col. 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) Nov. 8, 1883.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 0 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.P.A.

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) Paris Texas.13. NAME Will Graves.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.15. MAIDEN NAME Unk.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.17. INFORMANT (ADDRESS) Virgile Graves
1523 Brooklyn18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Highland 3/17. 193619. UNDERTAKER (ADDRESS) Watkins Bros.
1729 Lydia20. FILED 3-17 1936 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17 1936.22. I HEREBY CERTIFY, that I attended deceased from 2-3- 1936 to 3-12- 1936I last saw him alive on 3-11- 1936 Death is saidto have occurred on the date stated above, at 6:45 a.m.

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

Chronic Interstitial Date of onsetNephritis1931

Other contributory causes of importance:

MyocarditisName of operation none 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? no Date of injury

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) F. J. Daugh M. D.(Address) 2208 E-18

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 PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

The following table shows the results of the survey conducted in the year 1978-1979. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey. The first section, titled "General Information", provides an overview of the survey's scope and objectives. The second section, "Demographic Data", details the characteristics of the respondents, including their age, gender, and education level. The third section, "Attitudes and Opinions", explores the respondents' views on various issues related to the survey's topic. The fourth section, "Behavioral Patterns", examines the respondents' actions and habits in relation to the survey's focus. The fifth section, "Conclusions and Recommendations", summarizes the key findings of the survey and offers suggestions for future research and policy-making. The data is presented in a clear and concise manner, allowing for easy interpretation and analysis. The use of a tabular format helps to organize the information and facilitates comparison between different groups and variables. The survey results provide valuable insights into the attitudes and behaviors of the target population, which can be used to inform decision-making and improve the effectiveness of future initiatives. The findings also highlight areas where further research is needed to gain a deeper understanding of the issues at hand. Overall, the survey provides a comprehensive and detailed look at the target population's perspectives and actions, offering a wealth of information for researchers and practitioners alike.

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 1428
 City..... (No. 1573 Brooklyn St. Ward)

2. FULL NAME

Charles 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS
53 LESS than 1 day..... hrs. or..... min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 3/17 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

Chr Inter nephritis Date of onset

Other contributory causes of importance:
Myocarditis (acute)

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) [Signature], M. D.
 (Address) 2200 E. 18th

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.

SURRENDERED

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