

MAY 19 1936

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

Do not use this space.

14337

1. PLACE OF DEATH

County Callaway
Township Summit
City Callaway (No. 1)

Registration District No. 109
Primary Registration District No. 2702

File No. 14337
Registered No. 14337 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sally J. Yarnall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-1832

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
103 10 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Alexandria, Texas

FATHER
13. NAME Isaac Graustaff

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

MOTHER
15. MAIDEN NAME No information

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

17. INFORMANT (ADDRESS) Bruce Graustaff, Sueton

18. BURIAL, CREMATION, OR REMOVAL Green Ridge DATE Apr 6 36

19. UNDERTAKER (ADDRESS) Lauren Stanger, Mo

20. FILED 4/17/1936 Registrar W. H. Black

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1935 to Apr 4 1936
I last saw him alive on Apr 3 1936. Death is said to have occurred on the date stated above, at 6:00 m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis

Other contributory causes of importance: None
Name of operation _____ Date of _____
What test confirmed diagnosis? Physiat Test Was 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 _____
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. J. Taylor, M. D.
(Address) Jefferson City 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.

