

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

Do not use this space.

27172

AUG 21 1936

57

1. PLACE OF DEATH

County

Township

City

Jay'sville
Lexington
 (No. _____)

Registration District No.

Primary Registration District No.

461
5625

File No.

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

George W. Graves

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

Negro

Widowed

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

No information

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

Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 70

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Coal Miner

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)

Missouri

13. NAME

Alex Graves

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

Missouri

15. MAIDEN NAME

Martha

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

Missouri

17. INFORMANT (ADDRESS)

Rep. Proch...

18. BURIAL CREMATION OR REMOVAL

PLACE *County Fair Cem.* DATE *July 8, 1936*

19. UNDERTAKER (ADDRESS)

J. W. Miller

20. FILED

July 8, 1936 *Jay B. Bates* Registrar

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

July 7th 1936

22. I HEREBY CERTIFY that I attended deceased from

July 2nd 1936, to July 7th 1936

I last saw him alive on *July 6th 1936* Death is said

to have occurred on the date stated above, at *7:15 p.m.*

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

Valvular Heart Disease
Myocardial Insufficiency
Metabolic Regulation

Date of onset

Other contributory causes of importance:

920

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)

F. W. Mason M. D.
 (Address) *Lexington Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

