

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

Do not use this space.

30789

SEP 23 1936

1. PLACE OF DEATH

County Jackson
Township Blue
City Sugar Creek (No. _____)

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 272
St. _____ Ward _____

2. FULL NAME

Lillie E. McGraw

(a) Residence, No. 11610 Hackett St., 1st Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred all her life mos. _____ 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Orion McGraw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	<u>10</u>	<u>2</u>	

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

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) Independence Missouri

13. NAME William Pittell

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

15. MAIDEN NAME Julia C. Mellinson

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

17. INFORMANT Kenneth McGraw (ADDRESS) 11610 Hackett St.

18. BURIAL, CREMATION, OR REMOVAL Sugar Creek, Mo PLACE St. Lawrence DATE Aug 9 1936

19. UNDERTAKER W. J. Mitchell (ADDRESS) Independence, Mo.

20. FILED 8-11-1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Aug 7, 1936
I last saw her alive on July 29, 1936. Death is said to have occurred on the date stated above, at 10.20 a.m.

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

Mitral Regurgitation Date of onset about 1932

93a

Other contributory causes of importance: _____

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? no Date of injury no, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. J. Nickerson, M. D.
(Address) Independence 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.

