

NOV 20 1936

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

Do not use this space.

36738

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001 File No. _____
City St. Joseph (No. St. Joseph's Hospital) Registered No. 1264 St. _____ Ward _____

2. FULL NAME

Alvin Burnside 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. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Lillian Ellen Graves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 7 1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>0</u>	DATE <u>29</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>46</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Supt. Co. Farmer</u>	
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>Aug 20, 1936</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peoria Illinois</u>	
	13. NAME <u>Thomas Graves</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
FATHER	15. MAIDEN NAME <u>James Colwell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	17. INFORMANT <u>Lillian Ellen Graves</u> (ADDRESS) <u>Oregon Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oregon Mo</u> DATE <u>Oct. 7</u> 19 <u>36</u>	
	19. UNDERTAKER <u>Lester Pettigrew</u> (ADDRESS) <u>Oregon Mo</u>	
	20. FILED <u>10-7-36</u> 19 <u>36</u> <u>St. Joseph</u> Registrar.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1936 to Oct. 6 1936, 1936
I last saw him alive on Oct. 5 1936 Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:
Sclerosis of Coronary Artery & Occlusion (Angina Pectoris)
Date of onset 8/30/36

Other contributory causes of importance:
Chlor. Myocarditis

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) St. Joseph M. D.
(Address) St. Charles St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

