

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

Do not use this space.

NOV 20 1936

36931

1. PLACE OF DEATH

County Callaway
 Township J. McCreddie
 City J. (No. St. Ward)

Registration District No. 104
 Primary Registration District No. 5151

File No.
 Registered No. 322

2. FULL NAME

Gale Glory Graves

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

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) McCreddie Mo

13. NAME Hallie Graves

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

15. MAIDEN NAME Bertha Brooks

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

17. INFORMANT (ADDRESS) Hallie Graves McCreddie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crows Fork DATE 10/13 36

19. UNDERTAKER (ADDRESS) Hughes Maupin Auxvasse Mo

20. FILED Oct 13 36 R. N. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 36

22. I HEREBY CERTIFY That I attended deceased from Sept 23 36 to Oct 12 36
 I last saw him alive on October 9, 36 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:

Malnutrition Date of onset

Other contributory causes of importance 150

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.....

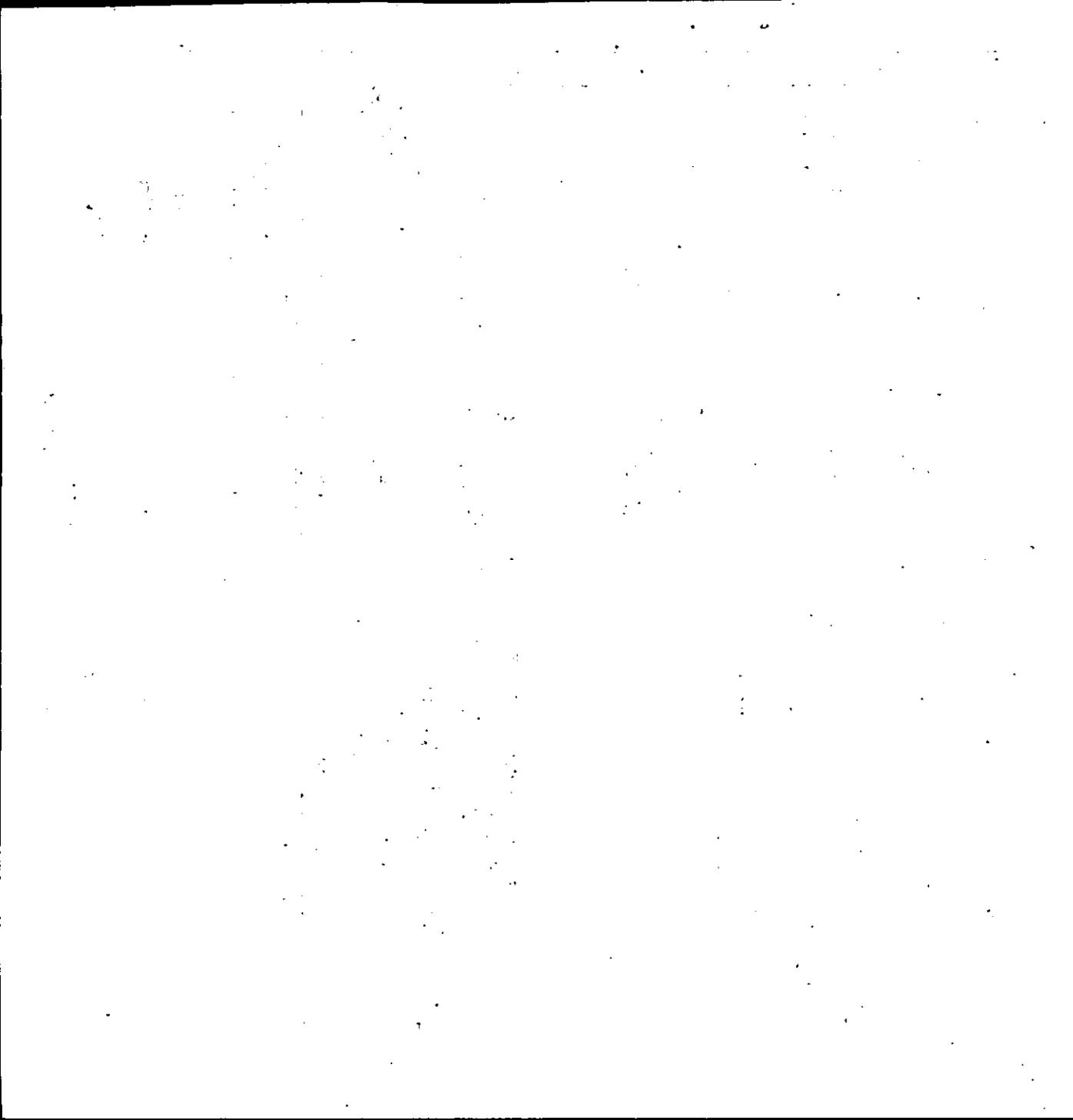
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) C. B. Nichols, M. D. (Address) Auxvasse Mo

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Callaway
Township McCreed
City _____ (No. _____)

Registration District No. 104
Primary Registration District No. 5151

File No. _____
Registered No. 322
St. _____ Ward _____

2. FULL NAME Gale Glory 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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) baby

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 19

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 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 Dec 29 1936 R. N. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him/her 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:

Malnutrition Date of onset _____

no congenital abnormality was noted.

Other contributory causes of importance: Cause of malnutrition unknown

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) C. B. Nicholas M. D.

(Address) Augusta, Mo

SUPPLEMENTARY

5-36981

RECEIVED