OCT 16 1936

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

Do not use this space.

37094

1. PLACE OF DEATH
County Clay Registration District No. 198 File No.
Township Fishing River Primary Registration District No. 9 6 11 Registered No.
City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME GRAVES, Fred
(a) Residence, No. Veterans Administration Facility St. Ward. 901 Grand Avenue
(Usual place of abode) Excelsior Springs, Mo. Joplin, Missouri
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 23 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER
13. NAME Spencer Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Parthenia Dowd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin, Mo. DATE 10-8-36, 19

19. UNDERTAKER John C. Prather (ADDRESS) Excelsior Springs, Mo.

20. FILED 10-9-, 19 36 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936, 19, to Oct. 8, 1936, 19
I last saw him alive on Oct. 8, 1936, 19. Death is said to have occurred on the date stated above, at 12:40 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary infarct	
Other contributory causes of importance:	
herniotomy	
hypertension	

Name of operation herniotomy Date of 10-2-36
What test confirmed diagnosis? X-Ray & Lab 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, 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) H.C. HARDEGREE, MD, Clinical Director
(Address) Veterans Administration Facility Excelsior Springs, Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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