

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

Do not use this space.

44225

1. PLACE OF DEATH

County Dade
Township Rock Prairie
City Burton (No. _____)

Registration District No. 234
Primary Registration District No. 5321

File No. 61
Registered No. _____
St. _____ Ward _____

2. FULL NAME Byron A. 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 14 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 1 16

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

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) Dade Co Mo.

13. NAME Charles E. Graves

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

15. MAIDEN NAME Maudie A. Raddy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurens Co Missouri

17. INFORMANT Byron A. Graves
(ADDRESS) 175th Grov Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Church DATE Dec. 31 1936

19. UNDERTAKER Spring Funeral Home
(ADDRESS) 175th Grov Mo.

20. FILED Dec 30 1936 D. C. Fairless M.D.
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 30 - 1936

22. I HEREBY CERTIFY, That I attended deceased from April - 1 - 1936, to June 16, 1936
I last saw him alive on June - 6 - 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

He had an ascending myelitis

Other contributory causes of importance:
cause unknown
saw patient last time June 15 1936.

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

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) Charles H. McHaffie, M. D.
(Address) 175th Grov Mo.

