

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township _____ Primary Registration District No. 1008
 City St. Louis, Mo. #1622 Glasgow St. Registered No. 1432 Ward _____

2. FULL NAME JUDGE GRAVES
 (a) Residence, No. 1622 Glasgow 20 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.

1432

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>COLORED</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED State of <u>Missouri</u> HUSBAND OF <u>HUSBAND OF FATTIE</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10 1899</u>		
7. AGE YEARS <u>38</u>	MONTHS —	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>UNKNOWN</u>		
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) <u>HAMBURG MISSOURI</u> <u>FRANKLIN</u>		
13. NAME <u>WALTER GRAVES</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>HAMBURG MISSOURI</u>		
15. MAIDEN NAME <u>ESIE MACKLIN</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>		
17. INFORMANT <u>FATTIE GRAVES</u> (ADDRESS) <u>1622 Glasgow Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HARTMAN</u> DATE <u>4-29-1937</u>		
19. UNDERTAKER <u>LUSINDA THOMAS</u> (ADDRESS) <u>2734 Sheridan Ave.</u>		
20. FILED <u>APR 28 1937</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-18- 1937, to 4-26- 1937
 I last saw him alive on 4-26- 1937. Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Regurgitation Date of onset 4-18-37
Acidosis (Diapoy) 4-18-37
 Other contributory causes of importance _____
 Name of operation none Date of _____
 What test confirmed diagnosis Symptoms 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) L. E. Timent M. D.
 (Address) 2336 Market St.

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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