

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.

MAY 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No. 2002)

Registration District No. 399
Primary Registration District No. 1002

File No. 15262
Registered No. 1818
St. 1818 Ward

2. FULL NAME

(a) Residence, No. 524 E. 15th St., Ward.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1896

7. AGE YEARS 40 MONTHS 1 DAYS 6 IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. C. General Hospital

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) Penn

13. NAME Chas. W. Graves

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

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 4-17-37

19. UNDERTAKER Quint and Tobias C.

20. FILED 4-16-37 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1937, to 3-31, 1937

I last saw him alive on 3-31, 1937 Death is said to have occurred on the date stated above, at 9:15 am

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

Bilateral Bronchopneumonia Date of onset 9/5/37

Other contributory causes of importance: Hypertrophy and Dilatation of Heart
Bilateral Myocarditis

Name of operation Date of operation
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) P. H. De Maria, M. D.

(Address) St. C. Gen. Hosp. Jackson

