MAY 17 1937

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

Do not use this space.

File No. 15676
Registered No. 110

1. PLACE OF DEATH
County: Boone (18)
Township: Columbia (3)
City: Columbia (8) (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3006

2. FULL NAME: Bertha Graves
(a) Residence, No. 218 Allen 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-19-1892

7. AGE: Years 45 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

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.: private home
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): Columbia Missouri

FATHER
13. NAME: W. W. Lampkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miami Missouri

MOTHER
15. MAIDEN NAME: Emma Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miami Missouri

17. INFORMANT (ADDRESS): Emma Lampkin Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 4-10, 1937

19. UNDERTAKER (ADDRESS): Stuart P. Parker Columbia, Missouri

20. FILED: 4/12, 1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-6-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-28-37, 19, to 4-6-37, 19
I last saw her alive on 4-6-37, 19. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Influenza	

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) O. A. Moore, M. D.
(Address) Columbia Mo.

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.