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

Do not use this space.

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3093

1. PLACE OF DEATH
49 County Jasper — Registration District No. 411 — File No.
4 Township — Primary Registration District No. 2002 — Registered No.
5 City Joplin (No. 2503 Bird St. Ward)

2. FULL NAME Mary Elizabeth De Graff 261

(a) Residence, No. 2503 Bird St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Fe
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2-1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housedetty —
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) Illinois

FATHER
13. NAME Geo. Kiddo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Maine

MOTHER
15. MAIDEN NAME Wealthy Blanchard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs Dora Warren Joplin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt Hope. DATE 1/22 1938

19. UNDERTAKER (ADDRESS) Hurlbut Und. Co Joplin Mo

20. FILED 1-21, 1938 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1938, to 1-20 1938
I last saw her alive on 1-20- 1938 Death is said to have occurred on the date stated above, at 10 20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar	
Pneumonia	

Other contributory causes of importance:

108

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) R. B. Tyler, M. D.
(Address) Joplin 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.

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FEB 25 1938
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