

REC'D MAR 14 1938

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

Do not use this space.

5909

1. PLACE OF DEATH

County Adair  
Township Beaumont  
City Kirksville (No. mo. Stickler Hospital St. 615 Ward)

Registration District No. 4  
Primary Registration District No. 3001

File No. 5909  
Registered No. 42

2. FULL NAME

(a) Residence, No. Laplata, St. mo. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>79</u>	<u>11</u>	<u>4</u>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self  
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) Macon Co. MO

FATHER  
13. NAME John Richard Graves

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

MOTHER  
15. MAIDEN NAME Mariah Graves

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

17. INFORMANT (ADDRESS) Mrs. W. F. Hertzler  
Elmer mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laplata mo. DATE Feb. 5 - 1938

19. UNDERTAKER (ADDRESS) D. D. Christy  
Laplata mo.

20. FILED Feb. 26 1938 Spencer L. Hoeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937 to Feb. 4 1938  
I last saw her alive on Feb. 4 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Fracture femur Rt.  
Senility.  
Date of onset

Other contributory causes of importance: 1860  
18

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? Accident Date of injury Nov. 1 1937  
Where did injury occur? in home in Laplata  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury falling off of chair  
Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) RO Stickler, M. D.  
(Address) Kirksville 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.

