

REC'D OCT 18 1938

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

31683
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 203
(c) City Columbia (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

SARAH ELLA GRAVES b12
(a) Residence, No. 408 LYONS St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Sept 7 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-1937

I last saw her alive on Sept 7 1938 Death is said to have occurred on the date stated above, at 11 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 — 19

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Broncho pneumonia Date of onset Aug 25, 38

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

Other contributory causes of importance:

FATHER 13. NAME Robert Graves

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER 15. MAIDEN NAME Louise Kelley

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT Phana Snell (ADDRESS) Columbia Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE balony cemetery DATE 9-8-1938

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR Stuart P. Farber (ADDRESS) Columbia Missouri

Manner of injury _____

20. FILED 9/10/38 Allie Selby Local Registrar

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Kaufmann M. D.

(Address) Columbia, Mo.

107a

STATEMENT BY LICENSED EMBALMER

I, Stuart R. Parker

Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Stuart R. Parker

Licensed Embalmer No. 2900

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Primary Registration District No. 3006 Registered No. 203
 (c) City Columbia (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Ella Graves

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE negro 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 - 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-5-38 W. Kampfried Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

Branches - Pneumonia

Date of onset

Other contributory causes of importance:

none.

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) A. W. Kampfried M. D.
 (Address) Columbia, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

