

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

**3410**  
Do not use this space.

1939 FEB 6 1939

1. PLACE OF DEATH 2

(a) County Perry Registration District No. 660  
 (b) Township St. Primary Registration District No. 4396 Registered No. \_\_\_\_\_  
 (c) City Perryville Mo. or \_\_\_\_\_ (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 613 Charles A. Gravett

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
50      4      27

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. Hatchery operator  
 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) Grayville ILL.

FATHER  
 13. NAME Arthur Gravett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester ILL.

MOTHER  
 15. MAIDEN NAME Cardelia Ballard  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowling ILL.

17. INFORMANT Cardelia Ballard  
 (ADDRESS) Cowling ILL.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Antioch Cem. ILL. DATE Jan. 30 "1939

19. FUNERAL DIRECTOR (NAME) Young & Sons  
 (ADDRESS) Perryville Mo.

20. FILED Jan 29 1939 Joe J. Zeller  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from January 26 1939, to January 28 1939  
 I last saw him alive on January 29 1939. Death is said to have occurred on the date stated above, at 10:25 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
 Date of onset 1/26/39+

Other contributory causes of importance:  
diabetes mellitus 1/26/39+

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Bernard T. Koon, M.D.  
 (Address) Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edward B. Young*

Licensed Embalmer No. *2138*

P. O. Address *Perryville*

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

**If this body is not embalmed, above space should be left blank.**