

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

Do not use this space.

37372

File No.

Registered No.

11/21

1. PLACE OF DEATH

County Shelby Registration District No. 826
Township Bethel Primary Registration District No. 6087
City (No.) St. Ward (No.)

2. FULL NAME

Clara Graves

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1939, to Oct 27, 1939. I last saw him alive on Oct 27, 1939. Death is said to have occurred on the date stated above, at 4:30 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1860

7. AGE YEARS 79 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Heart Failure following influenza

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

Other contributory causes of importance: 116

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 13. NAME Frank Graves

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME Jess

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Adolph Graves (ADDRESS) Bethel, Mo.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion DATE 19

19. UNDERTAKER Ch. Myagore (ADDRESS) Bethel, Mo.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Dr. Howard H. Sutton M. D. (Address) Bethel Mo

20. FILED Oct 28, 1939 Mrs. Ch. Myagore Registrar.

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.

JAN 6 1954

RECEIVED

District Health Officer No. 10

District File Number 11-29-1886

Date Filed NOV 3 1939