

NOV 1937

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

Do not use this space.

37770

1. PLACE OF DEATH

County Henry
Township White Oak
City Irish (No.) St. Ward

Registration District No. 347
Primary Registration District No. 5495

File No.
Registered No.

2. FULL NAME William Graef

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? 72 yrs. 8 mos. 17 ds. (If nonresident, give city or town and State)

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 Mollie Graef

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1865

7. AGE YEARS 72 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber work

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) Dover Ohio

13. NAME George Graef

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

15. MAIDEN NAME Dr. Kussel

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

17. INFORMANT (ADDRESS) Albert Graef Irish

18. BURIAL, CREMATION, OR REMOVAL PLACE Maulee Cem. DATE Nov 2 1937

19. UNDERTAKER (ADDRESS) Graham Furniture Co.

20. FILED Nov 6 1937 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 23 1937 to Oct 31 1937

I last saw him alive on Oct 31 1937. Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Lobar Pneumonia
Left Lung

Date of onset 10/23-37

Other contributory causes of importance:

General Toxemia

10/23-37

Name of operation Date of

What test confirmed diagnosis? Physical 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? Yes

If so, specify

(Signed) J. G. McDermott M. D.
(Address) Irish Mo.

K. 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.

