

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

Do not use this space.

20760

1927

1. PLACE OF DEATH
 County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph, Mo. (No. R. F. D. # 7, St. Joseph, Mo. St. 7 Ward)

2. FULL NAME Charles Edward Graves
 (a) Residence. No. 2008 South 12th St. _____ 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 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 Pearl Graves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 | 1 | 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) Swift and Company
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER William Graves
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri.
 12. MAIDEN NAME OF MOTHER Bobb
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. C. E. Graves,
 (Address) 2008 South 12th Street,

15. FILED 7-19-27 J. J. Bausha
 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17, 1927

17. I HEREBY CERTIFY, That I ~~attested~~ found deceased on July 17, 1927, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 7:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunsbat wound in back.
1927 Homicide

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Part of body and history of shooting
 (Signed) John Myers Coe, M. D.
719, 19 _____ (Address) St. Joseph, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL King Hill DATE OF BURIAL July 19, 1927

20. UNDERTAKER Eleman Farris ADDRESS 1208 Francis

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.

AUG 1

