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

Do not use this space.
Grand 3869
24409

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No. 8196
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 926 E. 30 St. St. 4 Ward)

2. FULL NAME Reba Matilda Graves
(a) Residence. No. 926 East 30th St. St. 4 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: Female
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: Robert A Graves

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-10-1896

7. AGE: Years 31 — Months 5 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Holton
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: V. S. Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bridgeport
(STATE OR COUNTRY): Michigan
12. MAIDEN NAME OF MOTHER: Clara Vetter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Holton
(STATE OR COUNTRY): Kansas

14. INFORMANT: R. A. Graves
(Address): 926 E 30th St.

15. FILED 8/16, 1927 M. M. Crowe ass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-15-1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to Aug 15, 1927 that I last saw her alive on Aug 15, 1927, and that death occurred, on the date stated above, at 8:16 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED: I do not know
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray + microscope
(Signed) J. F. Mackey, M.D
8/16, 1927 (Address) Lathrop Bldg

*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: Holton Kansas — DATE OF BURIAL: Aug 16, 1927

20. UNDERTAKER: J. H. Wagner — ADDRESS: 1409 Grand

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.

Husband - R.A. Graves - 976 E 30th St.
Mother - Clara V Moseman - Holton, Kansas