OCT 24 1927

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

Do not use this space.

26476

1. PLACE OF DEATH

County Buchanan — Registration District No. 81 — File No.

Township Bloomington, — Primary Registration District No. 5122 — Registered No. 5

City ..... (No. One Mile South of DeKalb, Mo. St. ..... Ward)

2. FULL NAME Arpha Anna Graves,

(a) Residence. No. 1 M.So.DeKalb, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y.24, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	6	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George W. Carson,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Martha Bohannon,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Henry L. Graves
(Address) R.F.D.# 1, DeKalb, Missouri

15. FILED 9/19, 1927 J. W. McAdow
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jy 1/27, 19..., to Se 18, 1927, that I last saw her alive on Se 18, 1927 and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Sigmoid flexure and intestines

46C (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED DeKalb, Mo.

IF NOT AT PLACE OF DEATH? Exploratory incision Jy 2/27

DID AN OPERATION PRECEDE DEATH? YES DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory incision

(Signed) F G Thompson, M.D

Se 19, 1927 (Address) 825 Charles

*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	DATE OF BURIAL
Bethel Cemetery	Sept. 21 1927
20. UNDERTAKER	ADDRESS
Heaton - BeGole Und Co by J. W. Kasle	St. Joseph, Mo.

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.