

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

Do not use this space.

JAN 21 1929

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 39461
 Township Washington Primary Registration District No. 1001 Registered No. 1375
 City St. Joseph (Name of Hospital Missouri Methodist Hospital Ward)

2. FULL NAME

Morris Walter Grauer
 (a) Residence No. Marysville, Kas. St. 306 Elm 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** Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1921

7. AGE YEARS 7 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Kansas

10. NAME OF FATHER Emil Grauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sumnerfield Kansas

12. MAIDEN NAME OF MOTHER Gladys Chabwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kansas

14. INFORMANT Emil Grauer
 (Address) 306 Elm St, Marysville, Kas.

15. FILED 1928 **REGISTRAR** John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3, 1928

17. I HEREBY CERTIFY That I attended deceased from October 27, 1928 to Dec 3, 1928
 that I last saw him alive on Dec 3, 1928 and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis, acute

900 (duration) _____ yrs. _____ mos. 10 da.
900
900

CONTRIBUTORY (SECONDARY) Endocarditis, chronic
Rheumatic (duration) 3 yrs. _____ mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED Marysville Kans
 (IF NOT AT PLACE OF BIRTH)

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) G. Raga Moore M. D. (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 Marysville, Kas. **DATE OF BURIAL** Dec 3, 1928

20. UNDERTAKER E. P. Sidenfaden **ADDRESS** 602 So 10

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.

