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

Do not use this space.

34407

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 237

City Hannibal (No. , St Elizabeths Hospital St. Ward)

2. FULL NAME ~~Still Born~~ Infant Dau. of Edward A & Silva L Graupman

(a) Residence. No. Monroe City Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6th 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or min.

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) —
(c) Name of employer

OK P.

9. BIRTHPLACE (CITY OR TOWN) Hannibal Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward A. Graupman

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

12. MAIDEN NAME OF MOTHER Silva Loraine Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Ed. Graupman
(Address) Hunnewell Mo R.F.D.

15. FILED 10/7, 1929 C Clousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6th 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1929, to Oct 6, 1929 that I last saw h[illegible] alive on [illegible], 19..., and that death occurred, on the date stated above, at [illegible] m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxaemia of Pregnancy

158 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 148 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At Mothers Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) John F. Wilson, M. D.
10/7, 1929 (Address) Monroe City, 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	DATE OF BURIAL
Deer Creek Cemetary Monroe Co Monroe City Mo	Oct. 8th 1929
20. UNDERTAKER	**ADDRESS**
Wilson & Son Monroe City 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.