

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

Do not use this space.

36409

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph, Primary Registration District No. 1001
 City St. Joseph, (No. 505 Noyes Boulevard, St. _____ Ward _____)

File No. _____
 Registered No. 1332
 St. _____ Ward _____

2. FULL NAME Josephine Marie Gravatte,

(a) Residence. No. 505 Noyes Boulevard St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	80	6	12	

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) Waupaca,
 (STATE OR COUNTRY) Wisconsin,

10. NAME OF FATHER James S. Sexton,

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

12. MAIDEN NAME OF MOTHER Melissa Crago,

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

14. INFORMANT Harry C. Gravatte
 (Address) 505 Noyes Boulevard, North,

FILED Nov 20 1929 19 John J. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1927, to Nov. 18, 1929 that I last saw him alive on Nov 6, 1929, and that death occurred, on the date stated above, at 2:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anterior Sclerosis
93C
97
 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
 (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) Daniel J. Winton, M. D.

Nov 18, 1929 (Address) St Joseph Missouri

*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 Mount Mora Cemetery, DATE OF BURIAL Nov. 20, 1929

20. UNDERTAKER Heaton & Hale & Bowman ADDRESS 319 S. 10 St.

Funeral Home

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.

