

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1930

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

Do not use this space.

33858

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No.)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 426
St. Ward)

2. FULL NAME

Donald Eugene Grakitt
(a) Residence No. St., Ward.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-1930

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

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

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

10. NAME OF FATHER Jack Grakitt

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

12. MAIDEN NAME OF MOTHER Mary Wackerfield

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

14. INFORMANT Jack Grakitt
(Address) Moberly, Mo

15. FILED 10-28, 1930 W. H. Phos & S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1930, to Oct 27, 1930, that I last saw him alive on Oct 27, 1930, and that death occurred, on the date stated above, at 10:27 p.m. 10-27 m. 30

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insanition

158 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 1600 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? NY

WHAT TEST CONFIRMED DIAGNOSIS? impressions

(Signed) W. H. Ballinger, M. D.

10-28-1930 (Address) Moberly 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

Oakland Cemetery Moberly Oct 29 1930

20. UNDERTAKER Job W. Burston ADDRESS Highland Mo

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