

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

Do not use this space.

24195

File No. _____
 Registered No. 146
 St. _____ Ward _____

1. PLACE OF DEATH

County Bone Registration District No. 73
 Township ~~Boonville~~ Primary Registration District No. 3006
 City Boonville (No. _____) _____

2. FULL NAME

(a) Residence. No. 814 Coats St. 102 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 (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20, 1906
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 8 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Taxi Driver
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) E. 7-1-1931
 17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 4 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Electrocuted - Accidental.
Death occurred at Columbia Ice & Cold Storage Co. plant
1A3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1A3 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? X DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. G. Davis, Coronar M.D.
2 - 1931 (Address) Boonville 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.

9. BIRTHPLACE (CITY OR TOWN) Boonville
 (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER John B. Graves
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Schuyler Co.
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Elizabeth Evans
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Schuyler Co.
 (STATE OR COUNTRY) Missouri

14. INFORMANT Carroll Graves
 (Address) 814 Coats

15. FILED 7/2/31 F. C. Suggett REGISTRAR
by Selby

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cem. Lancaster Mo. DATE OF BURIAL July 5, 1931

20. UNDERTAKER R. O. Wilcox ADDRESS Schuyler

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.

AUG 24 1931

1930	--	18		
1906	--	76	--	31
		10		1
27	--			20
		<u>8</u>		<u>11</u>