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 23 1931

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

Do not use this space.

33592

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 221
City Columbia (No. , St. Ward)

2. FULL NAME Evera Vell Graves
(a) Residence, No. R. F. D. 9 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 Female
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Graves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1891
7. AGE YEARS 40 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 11 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

FATHER
13. NAME Henry Wesley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Know

MOTHER
15. MAIDEN NAME Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Albert Graves Mo R. F. D. # 9 Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stephens Store Mo DATE 10/21/ 1931
19. UNDERTAKER (ADDRESS) A. C. Freeman Columbia Mo
20. FILED 10/20/ 1931 F. C. Suggett by Allie Sidney Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th, 19, to Oct 19th, 1931
I last saw her alive on Oct 19, 1931. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bron. Pneumonia and neuralgia of the heart	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. A. Bradford, M. D.
(Address) Columbia Mo