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

Do not use this space.

File No. 1469
Registered No.

1. PLACE OF DEATH
County Jasper
Township
City Joplin, Mo. (No. St. Ward)
Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME Mrs. Viola Alice Barner Grattis
(a) Residence. No. 1910 Byers 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.

FEB 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Mar.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. E. Grattis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24-1873
7. AGE Years 58 Months 9 Days 25 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ritchey, Newton Co. Mo.

PARENTS
10. NAME OF FATHER Capt. Noble L. Barner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Indiana
12. MAIDEN NAME OF MOTHER Mary C. Richards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York.

14. INFORMANT Wm. E. Grattis
(Address) 1910 Byers Ave

15. FILED 1/21, 1932 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 1932.
17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Jan 19, 1932, that I last saw her alive on Jan 19, 1932, and that death occurred, on the date stated above, at 2:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart
92 R (duration) 21 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Roy E. Myers, M. D.
, 19 (Address) 708 Kresco Bldg Joplin 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 Mount Hope Cem. DATE OF BURIAL Jan. 21 1932
20. UNDERTAKER Frank Sievers Co. ADDRESS Joplin Mo