

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.

APR 23 1932

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

Do not use this space.

4543

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 6554  
 City Sugar Creek (No.     ) St.      Ward     

2. FULL NAME Baby. DeGraffenreid.  
 (a) Residence, No. 1103 N. 2nd St. Ward.       
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.       
 Registered No. 74

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
               3          

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.     

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     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sugar Creek, Mo.

MOTHER

13. NAME Walter DeGraffenreid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leahtown, Kansas

15. MAIDEN NAME Beatrice Buford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffeyville, Kansas

17. INFORMANT (ADDRESS) Walter DeGraffenreid, 1103 N. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monument Grove DATE 2. 25 - 32

19. UNDERTAKER (ADDRESS) C. W. Carson & Son, July 2, 1932

20. FILED Feb. 25, 1932 J. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932 to Feb 25, 1932

I last saw her alive on Feb 25, 1932 Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:  
7 months Premature Circulatory Failure  
159  
158  
 Other contributory causes of importance:     

Name of operation      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?       
 If so, specify       
 (Signed) Fred W. Thiek, M. D.  
 (Address) Sugar Creek

