

DEC 18 1934

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

Do not use this space.

39628

5139

## 1. PLACE OF DEATH

County JACKSON Registration District No. 399  
Township RAW Primary Registration District No. 1002  
City KANSAS CITY (No. 4039-EUCLID) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MISS CAROLINE MARTHA GRAEBER

(a) Residence, No. 4039-EUCLID St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC-27-1899</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>11</u>
		DAYS
		<u>0</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>AT HOME</u>
	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) MISSOURI13. NAME LOUIS S. GRAEBER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME MARTHA GRUNNING16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT MR. LOUIS S. GRAEBER, JR.  
(ADDRESS) 4039-EUCLID AVE.18. BURIAL, CREMATION, OR REMOVAL  
PLACE MT. MORIAH DATE NOV. 30 193419. UNDERTAKER D.W. NEWCOMER'S SONS  
(ADDRESS) KANSAS CITY, MISSOURI20. FILED 11-28 1934 am am crone  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 24 1934 to Nov. 27 1934I last saw her alive on Nov. 27 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

mitral Regurgitation Date of onset 192792A 92a

Other contributory causes of importance:

Scarlet fever in youthName of operation none Date of \_\_\_\_\_What test confirmed diagnosis Physical Exam Was there an autopsy? no23. 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) [Signature], M. D.(Address) 1308 Euclid Ave. Bldg. 11 E. C. C.

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.

WRITE PLAINLY, WITH CAPITALS, WITH UNDERBARING INDICATING INITIALS IS A FAVORABLE RECORD

1303 Waldheim Bldg.

9:30 - 11:30; 12-6