MAY 2 9 1935

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

Do not use this space.

13466

58 1 7

1. PLACE OF DEATH
County: Linn — Registration District No.: 496 — File No.:
Township: — Primary Registration District No.: 3025 — Registered No.: 40
City: Brookfield (No. , St., Ward)

2. FULL NAME: Marietta Graves

(a) Residence, No.: 410 So. State St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: James Graves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 4 1899

7. AGE — YEARS: 36 — MONTHS: 1 — DAYS: 5 — If LESS than 1 day, hrs. or min.

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Dalton Mo.

FATHER

13. NAME: Richard Ewing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dalton Mo.

MOTHER

15. MAIDEN NAME: Annie Swannigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dalton Mo.

17. INFORMANT: James Graves
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brookfield Mo. DATE: 4-11, 1935

19. UNDERTAKER: Homer T. Boydem
(ADDRESS): Brookfield Mo.

20. FILED: May 1, 1935 — J. Shucart, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to Apr 7, 1935
I last saw her alive on Apr 9, 1935. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3-30-35

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. C. Oyler DO
(Address) Brookfield Mo

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 UNFADING INK—THIS IS A PERMANENT RECORD