

JUL 23 1936

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

Do not use this space.

23441

1. PLACE OF DEATH

County Lewis
Township LaBelle
City..... (No.....,

Registration District No. 481
Primary Registration District No. 5643B

File No. 4
Registered No. 9
St. Ward)

2. FULL NAME William L. Graves

(a) Residence, No. St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred lifers mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bettie Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 21, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
64 11 6

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

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) Lewis County (STATE OR COUNTRY) Missouri

13. NAME Polonzo N. Graves

14. BIRTHPLACE (CITY OR TOWN) Lewis County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Dora Buckner

16. BIRTHPLACE (CITY OR TOWN) Lewis County (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Bettie Graves (ADDRESS) Lewistown Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown Mo DATE June 29, 1936

19. UNDERTAKER James A. Coder (ADDRESS) Lewistown Missouri

20. FILED 6/27, 1936 James A. Coder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to June 27, 1936. I last saw him alive on June 27, 1936. Death is said to have occurred on the date stated above, at 7:30 m.

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

apoplexy

Date of onset June 27

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? Yes

If so, specify

(Signed) Harry L. J. P. Grady

(Address) Lewistown, Mo.

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.

MAR 29 1958