

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

Do not use this space.

FEB 17 1937

2000

1. PLACE OF DEATH

54 County Lafayette Registration District No. 461  
Township Lexington Primary Registration District No. 3024  
City Lexington (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10  
Registered No. \_\_\_\_\_

2. FULL NAME Elizabeth Aull 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alexander Graves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18, 1853</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>2</u>
		DAYS
		<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation <u>1</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington, MO.</u>		
13. NAME <u>John Aull</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Mary Mateer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Mrs. T. B. Ramsey</u> (ADDRESS) <u>Lexington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington, Mo.</u> DATE <u>Jan. 30, 1937</u>		
19. UNDERTAKER <u>Winkler</u> (ADDRESS) <u>Lexington, Mo.</u>		
20. FILED <u>Jan 29 1937</u> <u>Faye B. Bates</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937, to Jan 27, 1937  
I last saw her alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 2:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:  
arterial sclerosis

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) B. B. Bessner, M. D.  
(Address) Lexington Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

1951  
MAY 15 1951