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.

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REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Adair
Township:
City: Kirksville (No. , St. Ward)

Registration District No.: 4
Primary Registration District No.: 3601

File No.: 17554
Registered No.: 81

2. FULL NAME: Ruben Walker Graves 6 12

(a) Residence, No. Lancaster Mo 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR)~~ WIFE ~~OF~~: Leola Graves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26 - 1856

7. AGE: Years 82 | Months 2 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: retired Post Master
10. Date deceased last worked at this occupation (month and year): 0
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuyler Co Mo.

FATHER
13. NAME: Hardin Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo.

MOTHER
15. MAIDEN NAME: Brilla Myrtle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo.

17. INFORMANT (ADDRESS): Mildred Shepherd Lancaster Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Lancaster 9007 DATE: May 23 1938

19. UNDERTAKER (ADDRESS): Morehead Lancaster Mo.

20. FILED: May 21 1938 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18 1938, to May 19 1938
I last saw him alive on May 19 1938 Death is said to have occurred on the date stated above, at 4 35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction	5/17/38
99	

Other contributory causes of importance:
Undoubtedly of embolic origin

Name of operation: Date of:
What test confirmed diagnosis? Autopsy 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) Earl Langdon Jr. M.D.
(Address) Kirksville, Mo.

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