

1939 MAY 12 1939

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

14707
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford / Registration District No. 231
 (b) Township 1 / Primary Registration District No. 4141 Registered No. _____
 (c) City Steelville (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 1 mo. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elias G. Gravatt Jr.

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1923
 7. AGE YEARS 16 MONTHS none DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN). Cook Station Mo. (STATE OR COUNTRY) 0

13. NAME E.W. Gravatt
 14. BIRTHPLACE (CITY OR TOWN). Crawford Co. Mo. (STATE OR COUNTRY) 1

15. MAIDEN NAME Ruth Warren Gibbons
 16. BIRTHPLACE (CITY OR TOWN). Victor Ill (STATE OR COUNTRY)

17. INFORMANT Father E.W. Gravatt (ADDRESS) Steelville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville DATE Apri. 9, 1939

19. FUNERAL DIRECTOR L.J. Jonas (ADDRESS) Steelville Mo.

20. FILED 5-10 1939 Blakes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apri 6, 1939, to Apri 6, 1939
 I last saw him alive on Apri 6, 1939. Death is said to have occurred on the date stated above, at 11:45 PM.
 The principal cause of death and related causes of importance were as follows:

Thrombosis in the brain
Stroke
 Date of onset 4/9/39
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 1

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 Go to Neuro, M. D.
 (Signed) Go to Neuro (Address) Steelville 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, *R. L. Jones*, Licensed Embalmer No. 2379
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *R. L. Jones*
I. E. _____
No. _____ or by _____, Registered Apprentice No. 2379
working under my personal supervision.
Signed *R. L. Jones*
Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)