

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

Do not use this space

9828

File No. 264  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
94 County St. Francois  
Township St. Francois  
City Washington Mo (No. \_\_\_\_\_)

Registration District No. 27480  
Primary Registration District No. 26180

2. FULL NAME George Graf

(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**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Graf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 6 3

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) (STATE OR COUNTRY) Ridgelyville Ills 2

13. NAME Francis Graf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Indiana Ritter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills 2

17. INFORMANT Mrs Maggie Graf  
(ADDRESS) Wash River Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Pleasant Hill Church DATE 3-3 1932

19. UNDERTAKER Jos Diemer  
(ADDRESS) Wash River Mo

20. FILED Mar 3 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932 to March 12, 1932

I last saw him alive on Mar. 12, 1932. Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Double Bronchial Pneumonia Date of onset Feb. 23, 32

1078  
152 / 1070

Other contributory causes of importance: Senility, 74 years of age

Name of operation (3) Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. E. McWhan, D.O. M.D.  
(Address) Wash River, 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 9 1932

