

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.

PLACE OF DEATH  
 County Marion  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Hannibal (NO. 118 Tum)

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

Registration District No. 547 File No. 5954  
 Primary Registration District No. 3079 Registered No. 40  
 St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME James Graham

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED Married  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

DATE OF BIRTH Sept 28, 1848  
 (Month) (Day) (Year)

AGE 63 yrs. 4 mos. 5 ds. IF LESS than  
 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
 (a) Trade, profession, or particular kind of work Engineer  
 (b) General nature of industry, business, or establishment in which employed (or employer) P. R. Co.

BIRTHPLACE  
 (City or town, State or foreign country) Ball County, Mo.

PARENTS  
 NAME OF FATHER William Graham  
 BIRTHPLACE OF FATHER Tenn  
 (City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Elletta Timke  
 BIRTHPLACE OF MOTHER Ball County, Mo.  
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Graham  
 (ADDRESS) Hannibal

Filed Feb 3 1912 W. H. Younce  
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 28, 1911, to Feb 3, 1912, that I last saw him alive on Feb 3, 1912, and that death occurred, on the date stated above, at 8:40 a.m. The CAUSE OF DEATH\* was as follows:

Pneumonia  
108  
137  
1200 (Duration) 1 yrs. 1 mos. 39 ds.  
 Contributory interstitial prostatic  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. J. Bourne M. D.  
73 1912 (Address) Hannibal, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Hannibal DATE OF BURIAL Feb 5, 1912

UNDERTAKER Osceola Bros ADDRESS Hannibal

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Marion

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township \_\_\_\_\_

Registration District No. 547

File No. 5954

Village \_\_\_\_\_

Primary Registration District No. 3029

Registered No. 40

City Hannibal (NO. 118 Turn

St. 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME: James Graham

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED m (Write the word)

DATE OF DEATH Feb 3, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Sept 28, 1848  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 28, 1911, to Feb 3, 1912, that I last saw him alive on Feb 3, 1912

AGE 63 yrs. 4 mos. 5 ds. IF LESS than 1 day, hrs or min

and that death occurred, on the date stated above, at 8:45 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work Engineer  
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
(Lobar)

BIRTHPLACE (City or town, State or foreign country) Rails Co Mo

(Duration) \_\_\_\_\_ yrs. 1 mos. \_\_\_\_\_ ds.

NAME OF FATHER William Graham

Contributory Enteritis & prostates  
(SECONDARY)

BIRTHPLACE OF FATHER (City or town, State or foreign country) Gene

(Signed) J. J. Baum M. D.  
Feb 3, 1912 (Address) Hannibal Mo

MAIDEN NAME OF MOTHER Esther Gresh

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Rails Co Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Margaret Graham  
Hannibal  
(ADDRESS)

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

Filed Feb 3, 1912 H. H. Youse  
REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Olivet DATE OF BURIAL Feb 5 1912  
UNDERTAKER O. Danneil Biss ADDRESS Hannibal Mo

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*Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)