

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

32733

1. PLACE OF DEATH  
 County Cass Registration District No. 148 File No. 27  
 Township Raymore Primary Registration District No. 5223 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Graham  
 (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. 2 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-19-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
44 9 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Day Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Blasting in quarry with dynamite  
 (c) Name of employer Duke Best

9. BIRTHPLACE (CITY OR TOWN) Lawrenceville  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joe Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Martha Taggart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Dora Stover  
 (Address) Bethel, Mo.

15. FILED 12-28-22 R. M. Miller  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28 1922

17. I HEREBY CERTIFY, That I attended deceased from did not attend \_\_\_\_\_ 1922 to Saw him \_\_\_\_\_ 1922 that I last saw him \_\_\_\_\_ alive on 12-28, 1922, and that death occurred, on the date stated above, at 2:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental, from a powder explosion in a Rock quarry. Explosion occurred before first scrape 2011. (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_  
 (Signed) R. M. Miller M. D.  
12-28, 1922 (Address) Bethel Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel, Mo. DATE OF BURIAL 1/1 1923

20. UNDERTAKER Mooley & George ADDRESS Bethel

No. 22 - 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.

# 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) *Sales-*

(b) *Grocery*; (a) *Foreman*, (b) *Automobile fac-*

The material worked on may form part of the

statement. Never return "Laborer," "Fore-

"Manager," "Dealer," etc., without more

specification, as *Day laborer, Farm laborer,*

*r—Coal mine*, etc. Women at home, who are

d in the duties of the household only (not paid

*keepers* 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 occu-

pation at beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer (re-*

*tired, 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, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL" or "PUERPERAL peritonitis," etc. State which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY as ACCIDENTAL, SUICIDAL, OR HOMICIDE probably such, if impossible to determine. Examples: *Accidental drowning; struck way train—accident; Revolver wound homicide; Poisoned by carbolic acid—prob.* 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.