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

Do not use this space.

2903

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. L 489

City St. Louis Mo. (No. Mullanphy Hosp. St. ..... Ward)

2. FULL NAME Annie Graham

(a) Residence. No. 2909 N. Jefferson Ave. St. 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Graham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5th - 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 1422 95B

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. J. Knox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know.

12. MAIDEN NAME OF MOTHER Mary Sax

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know.

14. INFORMANT Cathrine Graham
(Address) 2909 N. Jefferson Ave.

15. FILED JAN 14 1927, 19..... Max C Starkloff REGISTRAR

B MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13th 1927

17. I HEREBY CERTIFY, That I attended deceased from December 22, 1926, to January 13, 1927 that I last saw her alive on January 13, 1927, and that death occurred, on the date stated above, at 8 15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
following Operation for Ectopic Pregnancy (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Rupture of Tubal Pregnancy (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes. DATE Dec. 29-26
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy - 1-13-26

(Signed) Eugene L Broeker, M.D.
1-14, 1927 (Address) 2202 No Market Str

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Jan 17 1927
20. UNDERTAKER	**ADDRESS**
Ny Leidner Und Co.	1417 N. Market St.

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.