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

Do not use this space.

8253

File No. 1107

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kansas — Primary Registration District No.: 1097 — Registered No.:
City: Kansas City (or Village) Old City Hospital St. Ward)

2. FULL NAME: Jennie Graham

(a) Residence. No. 1624 Forest 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: Fe
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: James Graham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12 1885

7. AGE: Years 41 | Months 10 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Saline Cy.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Samuel Piper
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Patty Lindsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Saline Cy.
(STATE OR COUNTRY): Mo

14. INFORMANT: Mamie Howard
(Address): 1624 Forest

15. FILED 3/16 1927 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-13- 1927

17. I HEREBY CERTIFY That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
136
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Parenchymatous Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1900
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Pathology

(Signed) [illegible], M. D.
3/18, 19 (Address) Dyer Crowe

*State the DISEASE CAUSING DEATH, or if 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: Slater, Mo.
DATE OF BURIAL: 3/17 1927

20. UNDERTAKER: Watkins Bros
ADDRESS: 1729 Lydia

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.