

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.

SEP 26 1927

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

Do not use this space.

23680

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

85

Township St Joseph

Primary Registration District No. 100

100

City St Joseph (No. Royes Hospital)

File No. 844

Registered No. 844

St. Jameson, Mo. Ward

2. FULL NAME

(a) Residence. No. Jameson, Mo. St. Jameson, Mo. Ward. Jameson, Mo.

(Usual place of abode)

St. Jameson, Mo.

(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)

Single

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

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

June 20, 1906

7. AGE

YEARS 21

MONTHS 2

DAYS 2

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Jameson, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

W. J. B. Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Gentry, Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maudie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Davis, Mo

(STATE OR COUNTRY)

14.

INFORMANT

W. J. B. Graham

(Address)

Jameson, Mo

15.

FILED

22

John E. W.

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 22 1927

17.

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1927, to Aug 22, 1927, to

that I last saw him alive on Aug 22, 1927, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatism (Accidental Basilar Fracture)

CONTRIBUTORY (SECONDARY)

Auto accident near ultamont Mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. W. Mays, Coroner

(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

Masonic Cem Jameson, Mo

DATE OF BURIAL

8/24 1927

20. UNDERTAKER

Fleeman Funeral Home, Inc

ADDRESS

12th & Kansas St.

