NOV 26 1927

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

Do not use this space.

27792 X

File No.

Registered No. 269

1. PLACE OF DEATH
County: Marion
Township: Mason
City: Hannibal
Registration District No. 547
Primary Registration District No. 3029
(No. 211 Griffith St, St., Ward)

2. FULL NAME: Haroldean Graham
(a) Residence. No. 211 Griffith St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept, 28, 27.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

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

9. BIRTHPLACE (CITY OR TOWN): Hannibal
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: C.F, Graham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): DeWitt Co. ILL.
12. MAIDEN NAME OF MOTHER: Ethel Robey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

14. INFORMANT: C. F. Graham
(Address): Hannibal Mo.

15. FILED 10/5, 1927. C. Steele, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept, 30. 27. 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1927, to Sept 30, 1927, that I last saw h. alive on Sept 29, 1927, and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature - birth

157

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160

(duration) yrs. mos. ds.

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? Clinical
(Signed) E. R. Motley, M. D
, 19 (Address) Hannibal - 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet
DATE OF BURIAL: 9/30 1927

20. UNDERTAKER: Wm. M. Smith
ADDRESS: Hannibal

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.