

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

Do not use this space.

31396

1. PLACE OF DEATH

County Ray  
Township Shape Grove  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 744  
Primary Registration District No. 5976 B

File No. ....  
Registered No. 80

2. FULL NAME Ada Anne 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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27. 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1928, to Sept 27, 1928, that I last saw her alive on Sept 20, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13-1861

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
66 9 9

Mitral Incompetency  
933 (duration) 1 yrs. .... mos. .... da.

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

CONTRIBUTOR (SECONDARY) None (duration) ... yrs. .... mos. .... da.

9. BIRTHPLACE (CITY OR TOWN) Weston (STATE OR COUNTRY) ..

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH: ..

10. NAME OF FATHER Finas Helm

Did an OPERATION PRECEDE DEATH? No. DATE OF ..  
WAS THERE AN AUTOPSY? No.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known (STATE OR COUNTRY) ..

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) John M. M. M.D. 9/20, 1928 (Address) Richmond Mo

12. MAIDEN NAME OF MOTHER Mary Williams

\*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known (STATE OR COUNTRY) ..

14. INFORMANT J. H. Graham (Address) Richmond Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newhope Cem DATE OF BURIAL Sept 27 1928

15. FILED 10/11 28 R L Hamilton REGISTRAR

20. UNDERTAKER E. Thurman ADDRESS Richmond Mo

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.

