

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

Do not use this space.

2096

**1. PLACE OF DEATH**

County Jefferson  
Township Wesley  
City Wesley (No. \_\_\_\_\_)

Registration District No. 420  
Primary Registration District No. 3022

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Pete 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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 1894

|           |       |          |          |                                  |
|-----------|-------|----------|----------|----------------------------------|
| 7. AGE    | YEARS | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
| <u>34</u> |       | <u>3</u> | <u>2</u> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Jefferson Co. Mo

**10. NAME OF FATHER**

W.P. Graham

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Jefferson Co Mo.

**12. MAIDEN NAME OF MOTHER**

Elia Herrington

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Jefferson Co Mo.

**14.**

INFORMANT Mrs Eugene Wiley  
(Address) De Soto, Mo.

**15.**

FILED 1/29 29 D. Paugly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

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 7:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coroner's verdict "Carbolic acid poisoning, administered by his own hand."

**CONTRIBUTORY (SECONDARY)**

166163-0

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

9 DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) W.L. Harris, Jr.  
1929 (Address) Acting 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. Suicide

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

City Cem.

Jan 29 1929

**20. UNDERTAKER**

**ADDRESS**

Dr. Parson & Webster

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.

RECORD

