MAY 28 1929

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

Do not use this space.

15337

1. PLACE OF DEATH
County Madison
Township
City Frederick Town (No. 3028 St. Ward)
Registration District No. 538
Primary Registration District No. 6724
File No.
Registered No.

2. FULL NAME James Elijah 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. 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 23-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	0	3	

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

9. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Calvin Graham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Madison Co Mo
12. MAIDEN NAME OF MOTHER Delphia Burnley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Madison Co Mo

14. INFORMANT Levi Graham
(Address) Flat River Mo

15. Filed 30, 1929 O U Dant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/10, 1929, to 4/26, 1929 that I last saw h. alive on 4/26, 1929, and that death occurred, on the date stated above, at 10:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Hemorrhage
11 A
109 G
11 A B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Flu = followed by Pneumonia (duration) yrs. mos. 7 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?
(Signed) M. B. O'Barber, M. D
4/26, 1929 (Address) Frederick Town 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: Masonic cemetery Frederick Town Mo
DATE OF BURIAL: 4/28 1929

20. UNDERTAKER: Ed. H. Webb - Frederick Town Mo
ADDRESS

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.