

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

Do not use this space.

15348

1. PLACE OF DEATH

County Monroe
Township Monroe
City Hannibal (No. St. Elizabeth's Hospital)

Registration District No. 547
Primary Registration District No. 3229

File No. _____
Registered No. 94
St. _____ Ward

2. FULL NAME

Ralph Vincent Graham
(a) Residence. No. _____ St. _____ Ward. Monroe City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Graham
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 16th 1884
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
45 4 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Shelbina
(STATE OR COUNTRY) Missouri
10. NAME OF FATHER Alexander R. Graham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn.
12. MAIDEN NAME OF MOTHER Francis Cecelia McMertra
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Mo.

14.

INFORMANT Alex. R. Graham
(Address) Monroe City Mo.

15.

FILED 4/10 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 8th 1929

I HEREBY CERTIFY, that I attended deceased from April 8 1929
19013 that I last saw him alive on April 6 1929, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Mediastinal Abscess
Tuberculous

CONTRIBUTOR (SECONDARY)

Dysentery Pneumonia (duration) 2 mos. ds.
3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Not known
IF NOT AT PLACE OF DEATH. Not known
DID AN OPERATION PRECEDE DEATH? No DATE OF Mar 16, 1929

19. WAS THERE AN AUTOPSY?

No
WHAT TEST CONFIRMED DIAGNOSIS? Repetitive Physical
findings (Signed) W. H. Keefe M. D.

*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 Monroe City Mo. DATE OF BURIAL April - 11 1929
St. Louis Seminary
20. UNDERTAKER Wilson & Son, Monroe City 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.

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2
1

1929
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