

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

Do not use this space.

21573  
2712

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Nass Primary Registration District No. 102  
City N. E. Mo. (No. 4320 East 27th)

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

**2. FULL NAME**

Harry Walter Graham  
(a) Residence. No. 4320 E 27th St. 14 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) married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-18-1877  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 7 29  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Contractor & Plasterer  
(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) Ohio  
10. NAME OF FATHER Nicholas Graham  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn  
12. MAIDEN NAME OF MOTHER Kathryn VanLoan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT W. E. Graham  
(Address) 2340 Norton, Ave.  
15. FILED 4/18/29 M. M. Crowe  
asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17-1929  
17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to June 17, 1929, that I last saw him alive on June 15, 1929, and that death occurred, on the date stated above, at 8:25 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Cirrhosis of Liver  
1245  
131

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 5 yrs. approx. 100 ds.  
Edema (duration) 5 yrs. 100 ds.

18. WHERE WAS DISEASE CONTRACTED? 102201  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Will M. Baum, M. D.  
June 18, 1929 (Address) 2400 Cypress

\*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 Forest Hill DATE OF BURIAL 6/19/29  
20. UNDERTAKER Mrs. C. L. Foster ADDRESS N. E. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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2400 express