

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

Do not use this space.

895

1. PLACE OF DEATH

County Henry Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 167

2. FULL NAME

Walter B. Graham
(a) Residence No. 403 North 3rd 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>8</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Walker
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John M. Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Elizabeth Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Edith Graham
(Address) Clinton Mo

15. FILED 1-16, 1930 Dr. E. C. Paelev
M.C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 1 Sept, 1929, to 1-14, 1930, and that I last saw he alive on 1-14, 1930, and that death occurred, on the date stated above, at 11 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of face

18. WHERE WAS DISEASE CONTRACTED
52
(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) CAUSE(S)
48
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 1929
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. Walker, M. D.
1-14, 1930 (Address) Clinton 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 Englewood Cem DATE OF BURIAL 1/16 1930

20. UNDERTAKER Sprou + Son ADDRESS Clinton 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.

1930

42

8

31

