

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Carnoll
Township Garrettsville
City Bogard (No.)

Registration District No. 133
Primary Registration District No. 4074

File No. 29341
Registered No. 15
St. Ward)

2. FULL NAME

Betty Ruth 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Henry Graham

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

1939-5-18

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

3

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(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)

Missouri

10. NAME OF FATHER

J. A. Powers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Shirley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT (Address)

Mrs Frank Myers Bogard mo.

15.

FILED

9/12 1930

Janie Henderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9-12 1930

17.

I HEREBY CERTIFY, That I attended deceased from May 27

1926 to Sep 10 1930 and that I last saw her alive on Sep 10 1930 and that death occurred, on the date stated above, at 6:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum

460

(duration) 3 yrs. 6 mos. 4 ds.

CONTRIBUTORY (SECONDARY)

45

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

Physical findings

(Signed) V. M. Warden, M. D.

9/12 1930 (Address) Bogard mo.

*State the DISEASE CAUSING DEATH, 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

DATE OF BURIAL

Ebenezer

9-12 1930

20. UNDERTAKER

ADDRESS

E. A. Rexerson

Bogard Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

