

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

Do not use this space.

**1. PLACE OF DEATH**

County Carrroll  
Township Vanhorn  
City Bogard (No. \_\_\_\_\_)

Registration District No. 133  
Primary Registration District No. 4074

File No. 467  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Isaac Wellington Graham

(a) Residence. No. Bogard 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-16-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 2 19

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Boone County, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER J H Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone County Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER M Payne

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

14. INFORMANT O H Fleming  
(Address) Bogard Mo.

15. FILED 1-6 1931 Jessie Henderson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1931 to Jan 5 1931, that I last saw him alive on Jan 5 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho Pneumonia

107A  
(duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) 107A  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Physical Findings  
(Signed) J M Wooden M. D.

1-6 1931 (Address) Bogard 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 Braden Cemetery DATE OF BURIAL 1-6-1931

20. UNDERTAKER C A Dickerson ADDRESS Bogard 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.

FEB 18 1931

