

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

Do not use this space.

13738

1. PLACE OF DEATH

County Franklin

Registration District No. 296

Township

Primary Registration District No. 4180

City Union (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Lucy 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 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Female

White

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James A. Graham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28th 1876

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ... hrs. or ... min.

5-4

11

21

8. OCCUPATION OF DECEASED

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

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

295

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lestie Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

George Chiffers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Beaufort Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sara F. Stewie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Wm L R Hyman Union Mo

15.

FILED

APR 29 1931

E. A. Strubweg

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1931

17.

I HEREBY CERTIFY That I attended deceased from Apr 19 1931 to Apr 19 1931, that I last saw him alive on Apr 19 1931, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac dilatation

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Her Home

DID AN OPERATION PRECEDE DEATH? NO. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. H. Weather, M. D.

April 19 1931 (Address) Beaufort Mo

*State the DISEASE CAUSING DEATH, or in death 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

Butler Cemetery Beaufort Mo

4/21 1931

20. UNDERTAKER

ADDRESS

E. F. Ottmann Union Mo

K. R.—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.

JUN 25 1931

