

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

Do not use this space.  
**24996**

**1. PLACE OF DEATH**

County Jackson  
Township Kear  
City Kansas City (No. 1321 Van Buren Blvd)

Registration District No. 332  
Primary Registration District No. 1902

File No. 2100  
Registered No. 2070  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Herbert Graham  
(a) Residence, No. 1321 Van Buren Blvd Ward 17  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 10 16

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Book keeper  
(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) Canada

10. NAME OF FATHER Harry Graham

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT Daughter  
(Address) Mrs W R Howell

15. FILED 7/9 1931 1321 Van Buren Blvd  
M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1931

17. I HEREBY CERTIFY, That I attended deceased from May 10 1929, to July 7 1931, that I last saw him alive on June 25 1931, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Epithelioma of Mastoid  
535  
102

(duration) yrs. mos. ds.  
CONTRIBUTORY Senility  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
535  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
1/8/31 (Signed) John A. Parker, M. D.  
1/31 1931 (Address) 315 Lee Bldg

\*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 Mt Washington Cem DATE OF BURIAL 7/9/1931

20. UNDERTAKER H. C. Bergman ADDRESS 48. armore

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.

MARCONI RESERVED FOR BINDING

V. No. 2.

