

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

Do not use this space.

33230

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **3034 Vine Grove**) St. .... Ward)

File No. ....  
 Registered No. **10039**

**2. FULL NAME** Isabella Graham

(a) Residence, No. 3034 Vine Grove St. 10 Ward.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glassgow, Scotland

13. NAME James Mac Cash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springburg, Scotland

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strabane, Ireland

17. INFORMANT (ADDRESS) Andrew J. Graham, 3034 Vine Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 9/29/31

19. UNDERTAKER (ADDRESS) Alexander G. Lora, 6125 Delmar

20. FILED 28 1931 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931, to Sept 26, 1931  
 I last saw her alive on Sept 26, 1931. Death is said to have occurred on the date stated above, at 7:38 m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Primary seat of Uterus  
Metastasis to liver  
+ Uterine adenexa  
 Date of onset 1 yr?  
 4-8  
 2 mo

Name of operation none Date of .....  
 What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) J. Gustav Dahms, M. D.  
 (Address) 1452 So Grand

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.

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