

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

Do not use this space.

2486

1. PLACE OF DEATH

County.....

Registration District No. 9

Township.....

Primary Registration District No. 205

City St. Louis (No. 16593)

City Hospital

File No.

Registered No. 155

St. Ward)

2. FULL NAME

Robert Graham

(a) Residence, No. 4251 St. Louis Ward. 10
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>2</u>	<u>14</u>	

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

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

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) Tennessee

13. NAME Wm. Graham

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Margaret Martin

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unborn

17. INFORMANT (ADDRESS) Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Jan 8 32

19. UNDERTAKER (ADDRESS) City Hospital

20. FILED Jan - 6 1932 City Hospital Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1931, to Jan. 5th 1932. I last saw him alive on Jan. 5th 1932. Death is said to have occurred on the date stated above, at 3.55 AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance: 930

Name of operation Date of What test confirmed diagnosis? Chest 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 1

24. Was disease or injury in any way related to occupation of deceased? If so, specify Raymond Smith, M. D.

(Signed) Raymond Smith, M. D. (Address) City Hospital

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.

Graham