

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

Do not use this space.

10487

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1003
 City (No. 3422, Morgan) St. Ward) 21

2. FULL NAME

(a) Residence, No. 3422 Morgan St., 21 Ward. (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 Female 4. COLOR OR RACE Coe 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid 244
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Statler Hotel
 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) Prime Bluffs Ark

13. NAME Wash Graham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

15. MAIDEN NAME Louise Glover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Ala

17. INFORMANT Callie Thomas (ADDRESS) 4056 Cook Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3-20-32

19. UNDERTAKER American Funeral Home (ADDRESS) 3424 Park St

20. FILED 17 11 1932 (Address) W. C. Stewart Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1932 to Nov. 11, 1932
 I last saw him alive on Nov. 11, 1932 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Mar 7
Lassafe non specific
 Other contributory causes of importance: (1)
 Name of operation Date of
 What test confirmed diagnosis? auscultation Was 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. P. Flowers, M. D.
 (Address) 1711 N. 10th

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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

