

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

Do not use this space.

②  
114064

**1. PLACE OF DEATH**

County Wayne  
Township Cowan  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 893  
Primary Registration District No. 6196

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/18-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	3	2	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolingue Co Mo

13. NAME Jabob Tenon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolingue Co Mo

15. MAIDEN NAME Tankless

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolingue Co Mo

17. INFORMANT Albert L. Graham  
(ADDRESS) Clubb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham Cem DATE 3-21 1932

19. UNDERTAKER E. L. Graham  
(ADDRESS) Clubb, Mo.

20. FILED 3/21 1932 J. F. Pauline  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932 to March 20, 1932  
I last saw her alive on March 20, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Influenza  
abscesses in salivary glands, both sides & age  
Other contributory causes of importance:  
11B  
115B  
169 110 1

Name of operation Opening abscesses Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? 210  
If so, specify \_\_\_\_\_  
(Signed) Adam J. Wagner, M. D.  
(Address) Hamilton, Mo.

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.

AUG 29 1932

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