

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.

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

Do not use this space.

36842

PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 3026
City St. Charles (No.) St. Ward)

File No.

Registered No. 164

2. FULL NAME Lucinda Jane Graham
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13-1869
7. AGE 62 YEARS 11 MONTHS 9 DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Jefferson Co. 1

13. NAME Thompson Whit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do. 51

17. INFORMANT Albert Leger (ADDRESS) Defiance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Defiance Mo. DATE 11/25 1922

19. UNDERTAKER Morris Muechay (ADDRESS) Nashville, Mo.

20. FILED 11/22 1922 W. J. Blochman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1922

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1922 to Nov 22 1922.
I last saw him alive on Nov 21 1922. Death is said to have occurred on the date stated above, at 1 P.M. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myelitis
131
97 131
Other contributory causes of importance:
General Atrophy
1910

Name of operation Chloroform Date of Nov 22
What test confirmed diagnosis? Chloroform Was there an autopsy? W

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? W
If so, specify Chronic Myelitis
(Signed) W. J. Blochman M. D.
(Address) St. Charles, Mo.

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