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

Do not use this space.

File No. 2546

Registered No.

1. PLACE OF DEATH
County: Wodaway
Township: Monroe
City: Skidmore (No. ..... St. ..... Ward)
Registration District No. 630
Primary Registration District No. 4380

2. FULL NAME Almyra W Graham
(a) Residence. No. ..... Skidmore 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. 8 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~~: widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 29 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 8 | 23 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ruthsburg, Ill.

PARENTS
10. NAME OF FATHER: Alexander York
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Rebecca Lemon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Orangeville Penn

14. INFORMANT: Jessie Graham Reese
(Address) Skidmore Mo.

15. FILED Jan 22, 1933 J E Manning M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan-22-1933

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Jan 22, 1933, that I last saw her alive on Jan 21, 1933, and that death occurred, on the date stated above, at 1-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
interstitial nephritis
Diabetis mellitis,
uraemic coma.
(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) uraemic coma
(duration) — yrs. — mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) J E Manning, M. D
Jan 22, 1933 (Address) Skidmore Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sheridan Mo
DATE OF BURIAL: Jan 24 1933

20. UNDERTAKER: N Long
ADDRESS: Ravenwood Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION