

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

Do not use this space.

5007

1. PLACE OF DEATH

County Cass
Township Campbranch
City (No.) St. Ward)

Registration District No. 152
Primary Registration District No. 5216

File No.
Registered No. 2

2. FULL NAME

Susie Florence Graham
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Feb 1 - 1933 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market platte Co mo

FATHER 13. NAME John Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Matilda Carson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Jilly Graham (ADDRESS) Pleasant Hill mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Summ city DATE 2/9 1933

19. UNDERTAKER A. DeHartley (ADDRESS)

20. FILED 2/9 1933 A. DeHartley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1933 to Feb 7 1933
I last saw h. alive on Feb 7 1933 Death is said to have occurred on the date stated above, at 700 m.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency Feb 4/33
92
115
92
Other contributory causes of importance: influenza 2 weeks

Name of operation Physical Date of no
(That test confirmed diagnosis?) no (When autopsy?) no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Geo. W. Priddy M. D.
(Address) Garden City mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

