

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

Do not use this space.

1. PLACE OF DEATH
 61 County Madison Registration District No. 532
 62 Township Ladlata Primary Registration District No. 4318
 2 City Ladlata (No. _____) St. _____ Ward _____
 2. FULL NAME Maitha May 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.

File No. 20337
 Registered No. 12

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child of
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Graham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 9
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933
 22. I HEREBY CERTIFY That I attended deceased from June 4, 1933, to June 18, 1933
 I last saw him alive on June 10, 1933 Death is said to have occurred on the date stated above, at 9 P.m.
 The principal cause of death and related causes of importance were as follows:

spasms
 Date of onset
 86 86
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ladlata Mo
 13. NAME John Graham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Doris M. Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT John Graham (ADDRESS) Ladlata Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ladlata DATE June 14, 1933
 19. UNDERTAKER D. Christie (ADDRESS) Ladlata Mo
 20. FILED 6-14, 1933 G. H. Buckley Registrar

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) Otha B. Griffin MD
 (Address) Ladlata Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

