

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

Do not use this space.

22924

1. PLACE OF DEATH

46 County Brunswick Registration District No. 320
Township _____ Primary Registration District No. 2017
4 City Trenton (No. _____) St. _____ Ward _____

2. FULL NAME

7 Jessie Leona Graham
(a) Residence, No. 1111 Rural St. 4 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Graham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29, 1878</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickory Creek Mo</u>	
	13. NAME <u>F. C. Ellis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Candace Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT (ADDRESS) <u>J. W. Graham Trenton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graham Cemetery</u> DATE <u>July 25, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>R. H. Hensley Trenton Mo</u>		
20. FILED <u>25 July 1933</u> <u>E. A. Duffey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1932 to July 23rd, 1933
I last saw her alive on July 25th, 1933 Death is said to have occurred on the date stated above, at 11:25 m.
The principal cause of death and related causes of importance were as follows:
Influenza of lungs Date of onset 1-15-32
2.3 R
2.3

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify _____
(Signed) J. F. Fair, M. D.
(Address) Trenton, 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 26 1933

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