

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kau Primary Registration District No. _____
 City K.C. mo. (No. 3519 Woodland) St. _____ Ward _____

File No. 23059
 Registered No. 2751

2. FULL NAME

Jeanie L. Graham
 (a) Residence No. 3519 Woodland 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 11 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 71 5 21

8. Trade, profession, or particular kind of work done, as splaner, 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Byron Libby

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. W. R. Howell
1429 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Not used DATE 7-5-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster
918 Brooklyn Ave

20. FILED July 3, 1933 M. M. Crane Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to 7-2-, 1933
 I first saw her alive on July 1, 1933 Death is said to have occurred on the date stated above, 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Encephalomalacia (softening of brain due to cerebral arteriosclerosis)
825
1075
 Other contributory causes of importance:
9 Bronchopneumonia

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) Jeanie L. Graham, M. D.
 (Address) 460 W. Bell Street

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.

U. S. SENATE

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