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

399

Do not use this space.

26549

1. PLACE OF DEATH
County JACKSON Registration District No. 1002 File No.
Township KAW Primary Registration District No. Registered No. 3903
City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME ELLIS LASLEY GRAHAM
(a) Residence, No. 3609 FOREST 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-10-1933

7. AGE — YEARS: | MONTHS: | DAYS: 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) KANSAS CITY
(STATE OR COUNTRY) MISSOURI

FATHER
13. NAME CHARLES GRAHAM
14. BIRTHPLACE (CITY OR TOWN) CHILLICOTHE
(STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME VADA LASLEY
16. BIRTHPLACE (CITY OR TOWN) JAMESON
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. CHARLES GRAHAM
(ADDRESS) 3609 FOREST AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE AUGUST-18, 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST

20. FILED Aug 18, 1933 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 16, 1933
I last saw h. alive on Aug 16, 1933. Death is said to have occurred on the date stated above, at 8:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (2 months)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Herbert F. Farnsden, M. D.
(Address) 713 Medical Arts Bldg

713 Medical Arts Bldg
1:30-4