

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

Do not use this space.

30488

1. PLACE OF DEATH

73
County Pemiscot
Township Center
City Holland R.F. (No. _____)

Registration District No. 656
Primary Registration District No. 6281

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME

Dalkhi Bennett 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 15 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-1-1918</u>				
7. AGE	YEARS <u>15</u>	MONTHS <u>2</u>	DAYS <u>14</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>
	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)
Holland MO

13. NAME
W. M. Graham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ms. Harry County Tenn

15. MAIDEN NAME
Flarend Talkington

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

17. INFORMANT
W. M. Graham

18. BURIAL, CREMATION OR REMOVAL
PLACE Mt Zion DATE Sept 16 1933

19. UNDERTAKER (ADDRESS)
German Rndt Co
Steele Missouri

20. FILED Nov 9 1933 W. Harrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15 1933

22. I HEREBY CERTIFY That I attended deceased from 9-12 1933, to 9-15 1933

I last saw him alive on 9-15 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Malaria
38
36

Other contributory causes of importance: _____

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) E. Hill, M. D.

(Address) Blytheville, Ark

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.

NOV 10 1933

S. NO. 2.

10/19/64

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