

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

Do not use this space.

36462

1. PLACE OF DEATH  
 County JACKSON Registration District No. 389  
 Township RAW Primary Registration District No. 1002  
 City KANSAS CITY (No. 4246 - HARRISON St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME WALLACE W. GRAHAM  
 (a) Residence, No. 4246 HARRISON 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.

JAN 8 1933

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 28-1852  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 9 10  
 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 \_\_\_\_\_

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI  
 13. NAME GREENBERY GRAHAM  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY  
 15. MAIDEN NAME CLARISSA JOHNSTON  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE  
 17. INFORMANT MRS. F. T. SINGLETON  
 (ADDRESS) 3005 VAN BRUNT BLYD.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE WOODLAWN INDEPENDENCE MO DATE NOVEMBER 9, 1933  
 19. UNDERTAKER D. W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY, MISSOURI  
 Nov 8 1933 M. M. Crowe  
 Asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 8, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933, to Oct 7, 1933  
 I last saw him alive on Sept 7, 1933 Death is said to have occurred on the date stated above, at 9:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Diabetic Syndrome without ketosis Date of onset Sept 26, 1933  
50  
980  
 Other contributory causes of importance:  
Diabetes with ketosis  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Robert H. ... M. D.  
 (Address) North Kansas St

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

I. 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.

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Mr. H. O. Frenhardt  
2<sup>nd</sup> <sup>floor</sup> Commercial Bldg. N. K. C.

Suite 3-4-5

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