MAR 24 1934

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

Do not use this space.

4964

File No.
Registered No.

1. PLACE OF DEATH 3612 White ave
County Jackson Registration District No.
Township Kansas Primary Registration District No.
City Kansas City (No. 3612, White ave St., Ward)

2. FULL NAME George Graham
(a) Residence, No. 3612 White ave 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 Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 1887

7. AGE 52 YEARS ~~[illegible]~~ MONTHS ~~[illegible]~~ DAYS ~~[illegible]~~ 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
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) X
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Charles Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Mattie Coles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lost Brow

17. INFORMANT Lillie George
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Forest Ridge Lawn 3/13 1934

19. UNDERTAKER Doyle Bros.
(ADDRESS) 1708 Brooklyn

20. FILED 3/13 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., I last saw him alive on 3/10 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Acute Nephrosis

Date of onset

Other contributory causes of importance:
93
94 No

Name of operation Date of
What test confirmed diagnosis? Autopsy 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) [illegible], M. D.
(Address) [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT