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.

25 1934

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

Do not use this space.

277

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 7867

Township — Primary Registration District No. 1001 — Registered No. 272

City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Thomas P. Graham

(a) Residence, No. 1802 Faraon St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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: 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) March 11, 1864

7. AGE: YEARS 69 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mitchelhill Seed Co.
10. Date deceased last worked at this occupation (month and year) March 1932
11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tazewell Tenn.

FATHER

13. NAME Thomas P. Graham Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tazewell Tenn

MOTHER

15. MAIDEN NAME Jane Ewing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va Unk

17. INFORMANT (ADDRESS) Records State Hosp St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE March 8, 1934

19. UNDERTAKER (ADDRESS) Heaton Be Gole & Bowman St Joseph Mo

20. FILED 3-7-1934 John R Barrder Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to March 6, 1934
I last saw him alive on March 5, 1934. Death is said to have occurred on the date stated above, at 300 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/3/34
8 2 A	
8 M	
10	

8291

Other contributory causes of importance:
Involutional Melancholia
Hypertension

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? No
If so, specify .....
(Signed) W. Clifton Smith, M. D.
(Address) State Hosp #2 St Joseph Mo