

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

Do not use this space.

9903

APR 25 1934

1. PLACE OF DEATH

County Gark
Township
City (No.)

Registration District No. 647
Primary Registration District No. 1857

File No.
Registered No.
St. Ward

2. FULL NAME

Ellen Almira Graham

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. D. Graham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-30-1854</u>		
7. AGE <u>79</u> YEARS	<u>7</u> MONTHS	<u>18</u> DAYS
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u></u>
11. Total time (years) spent in this occupation <u></u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich.</u>
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13. NAME <u>Simpson Bentley</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>

15. MAIDEN NAME <u>McBester</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich.</u>
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17. INFORMANT (ADDRESS) <u>Mrs. Johnson</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elyah</u> DATE <u>3-18</u> 19 <u>34</u>

19. UNDERTAKER (ADDRESS) <u>none</u>

20. FILED <u>3-19</u> 19 <u>34</u> <u>C. A. Beach</u> Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1934 to 3-18 1934

I last saw her alive on 3-16 1934 Death is said

to have occurred on the date stated above, at 1:45 a.m.

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

Double Pneumonia
Bronchial.

Other contributory causes of importance:

Gastric Hepatitis.
I treated her for 3 yrs.

Name of operation none Date of

What test confirmed diagnosis? microscope & microscope 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 C. A. Beach

(Signed) Elyah, Mo. M. D.

(Address)

