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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Texas
Township Morris
City Cabool (No. ..... St. ..... Ward)

Registration District No. 18
Primary Registration District No. 6139

File No. 28019
Registered No. .....

2. FULL NAME Iva Graham

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) July 23 1917

7. AGE YEARS 14 MONTHS 11 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County

FATHER
13. NAME Floyd Winfred Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clad

MOTHER
15. MAIDEN NAME Vinetta Fielden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT (ADDRESS) C. A. Simpson Cabool Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jarrett Cemetery DATE July 4 1934

19. UNDERTAKER (ADDRESS) Gaylord Elliott Cabool

20. FILED July 6 1934 Pearl E. McCall Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to July 4, 1934
I last saw her alive on June 3, 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Sarcoma of neck
53E

Date of onset Jan 1934

Other contributory causes of importance:

53

Name of operation None 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? .....
If so, specify .....
(Signed) L M Edens, M. D.
(Address) Cabool Mo

100M-11-24-33