

SEP 10 1934

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

Do not use this space.

28830

1. PLACE OF DEATH

County Dunklin Registration District No. 282
Township Cambell Primary Registration District No. 4166
City Cambell (No. _____) St. _____ Ward _____

File No. _____
Registered No. 37 St. _____ Ward _____

2. FULL NAME

(s) Residence, No. Cambell Mo 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>U.P. Graham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16-1887</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>-</u>	DAYS <u>22</u>
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>1934</u>	11. Total time (years) spent in this occupation <u>---</u>

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 6th 1934 to Aug 7th 1934
I last saw her alive on Aug 6 1934 Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Paralysis!
Date of onset 8-4-34
820 920a
Other contributory causes of importance: _____

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 _____

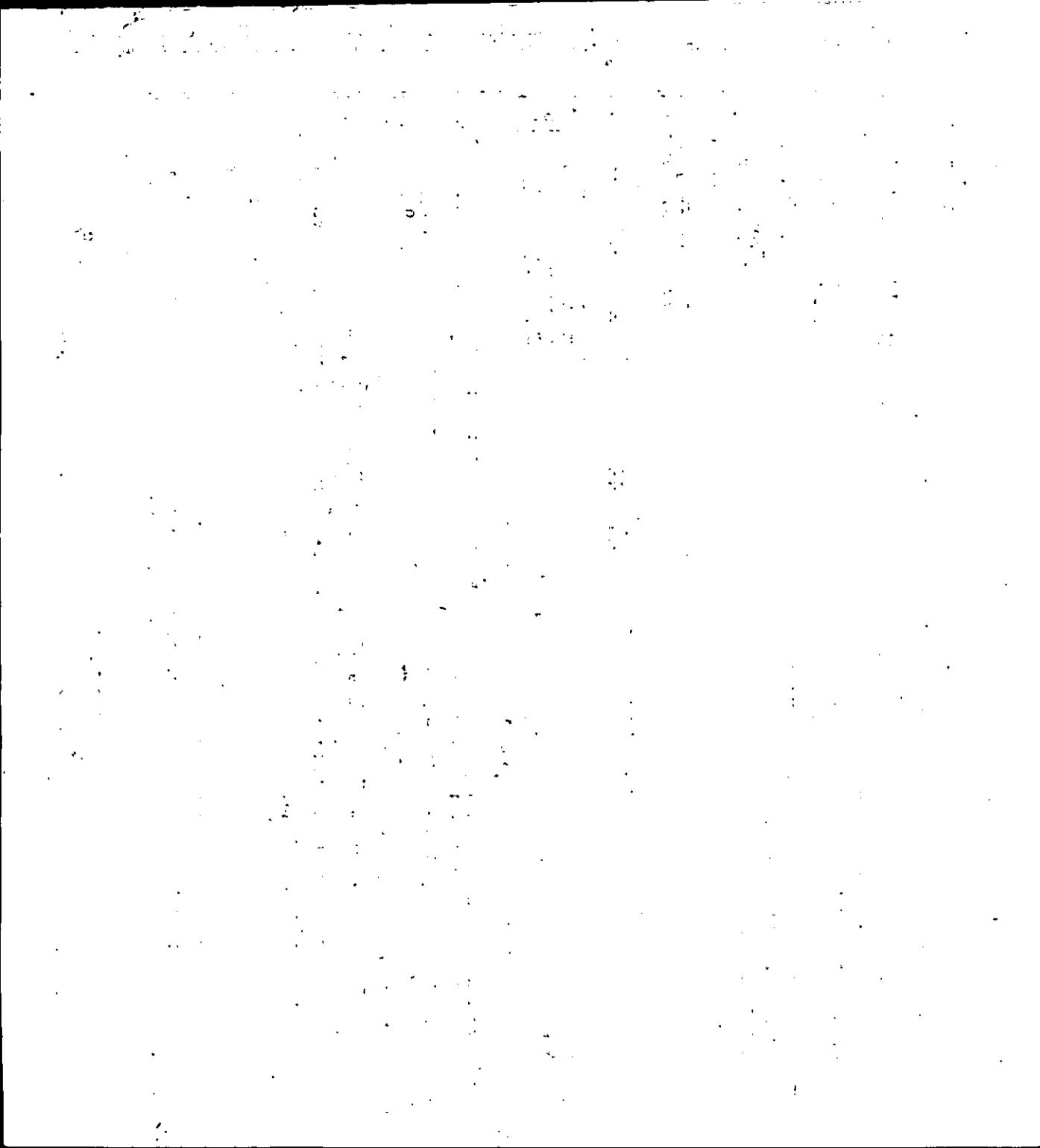
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. B. Stinner M. D.
(Address) Clarkton Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>
	15. MAIDEN NAME <u>no</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>
	17. INFORMANT (ADDRESS) <u>Marley Graham Cambell Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Gilead</u> DATE <u>Aug 5 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Landers + Son Cambell Mo</u>	
20. FILED <u>Aug 8 1934</u> <u>J. B. Stinner</u> Registrar.	

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.

95 2 1934

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#2 *Dunklin*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Nancy Jane Graham
Who died at _____ on Aug - 7 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 77 Months _____ Days 22

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Cerebral Paralysis
Birthplace of mother (State or country) _____
Principal cause of death: Cerebral hemorrhage

Other contributory causes of importance 82a1
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

(Signature of Registrar E. T. McGaugh) Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 282
Primary Reg. Dist. No. 4166

Very truly yours,
E. T. McGaugh, M.D.
Special Agent. 15

REPORTING TO THE DIRECTOR

SECRETARY OF DEFENSE

5-28830

MEMORANDUM

TO: THE DIRECTOR, SECRETARY OF DEFENSE

FROM: [Illegible]

SUBJECT: [Illegible]

[Large handwritten scribble]

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 05-28-2003 BY 60322 UCBAW/STP

FORM NO. 64

OPTIONAL FORM NO. 10