

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.

JUN 24 1935

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

Do not use this space.

16526

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. ST. LUKES HOSPITAL) St. _____ Ward _____

File No. _____
Registered No. 16526
St. _____ Ward _____

2. FULL NAME

MRS. HUGHESIE C GRAMAM

(a) Residence, No. 5914 WABASH 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-20-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 24

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

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) HUME STATION
(STATE OR COUNTRY) EDGAR COUNTY, ILLINOIS

13. NAME JEROME DEAN

14. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

15. MAIDEN NAME NANCY JANE JACKSON

16. BIRTHPLACE (CITY OR TOWN) MISSOURI
(STATE OR COUNTRY)

17. INFORMANT MR. WALTER W. GRAMAM
(ADDRESS) 5914 WABASH AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE MAY-16 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED May 15 35 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-14 1935

I HEREBY CERTIFY, That I attended deceased from May 8 1935, to May 14 1935

I last saw _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:35 P. m.

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

Date of onset

Apoplexy Cerebral,
Thrombosis of Cerebral
arteries

Other contributory causes of importance:

chronic Myocarditis
Coroner of Intestine

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? yes

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 Paul A. Lemper

(Signed) 934 Angelle B. Bels M. D.

(Address) 116 W. 11th St.

934 Argyle Bldg
11-7, 3-4

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

[Illegible text, possibly a list or report]

[Illegible text, possibly a list or report]