OCT 1 8 1935

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

Do not use this space.

28910

1. PLACE OF DEATH

County Cape Girardeau. Registration District No. 125

Township " " Primary Registration District No. 3009

City CAPE GIRARDEAU (No. R.F.D.#2 Cape Girardeau Mo. St. Ward)

File No.

Registered No. 256

2. FULL NAME Wm Charles Graham. JR.

(a) Residence, No. R.F.D.#2 Cape Girardeau Mo. 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: 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: Child.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1929.

7. AGE: YEARS 6. MONTHS 1. DAYS 28. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St Louis. Mo.

FATHER

13. NAME Wm. Graham SR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizebath Town Ill.

MOTHER

15. MAIDEN NAME Evie Stalling.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo. Mo.

17. INFORMANT (ADDRESS) Wm Graham. Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lightner Cemt. DATE Sept. 5, 1935

19. UNDERTAKER (ADDRESS) Hamanls Funeral Home. Cape Girardeau Mo.

20. FILED 9-4, 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13-, 1934, to 9-4-, 1935

I last saw him alive on 7-30-, 1935 Death is said to have occurred on the date stated above, at 8 A.m. 9-4-35

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

Chr. Parenchymatous Nephritis — Date of onset 20 mos ago.

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? No

If so, specify

(Signed) Paul B Nussbaum, M.D.

(Address) 801 a Broadway Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.