OCT 2 2 1935

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

Do not use this space.

29121

1. PLACE OF DEATH

County: DeKalb — Registration District No.: 264 — File No.:

Township: Grant — Primary Registration District No.: 5367 — Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Thomas Graham

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Priscilla Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	82	0	8	

OCCUPATION

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

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) Morrow Co. Ohio

FATHER

13. NAME Oliver Graham

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

MOTHER

15. MAIDEN NAME Malinda Dakan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling W. Va.

17. INFORMANT (ADDRESS) Mrs Priscilla Graham Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woods Cemetery DATE 9/12-35 19

19. UNDERTAKER (ADDRESS) U. G. Pilcher Maysville Mo.

20. FILED 9-12 1935 Mrs. Nesler Gunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1935, to 9-10, 1935

I last saw he alive on 9-3, 1935. Death is said to have occurred on the date stated above, at 4.30 p.m.

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

	Date of onset
Gangrene of right foot	5-30-
Thrombo-angiitis obliterans	1933

Other contributory causes of importance:

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? No.

If so, specify

(Signed) [illegible] M. D.

(Address) Maysville Mo

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