

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.

FEB 25 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2699

1. PLACE OF DEATH  
 County St. Clair Registration District No. 765  
 Township Osceola Primary Registration District No. 6266  
 City No. St. Ward

2. FULL NAME Noah M. Graham

(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 10 8

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm  
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY)

FATHER  
 13. NAME Tillman Graham  
 14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Eusrick Stokes  
 16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT Artie Meredith (ADDRESS) Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE near Warrensburg 1-16 1935

19. UNDERTAKER J. S. Hull (ADDRESS) Osceola Mo

20. FILED 2/10 1936 R. Seewers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Noah 1936, to Jan 15 1936  
 I last saw him in alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 4 1/2 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Bronchitis Date of onset 1934

Other contributory causes of importance: may have been 9.18 could not spare germs in sputum however

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Ruth Seewers, M. D.  
 (Address) Osceola Mo

