APR 23 1936

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

Do not use this space.

10809

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2616 Campbell St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 1483

2. FULL NAME Joseph A. Graham
(a) Residence, No. 2616 Campbell 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 M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henrietta Graham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1853
7. AGE YEARS 83. MONTHS 1 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
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) Columbiana Co. Ohio

FATHER
13. NAME Joseph A. Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) A. B. Graham 3 1st Ter Pitman Rd
18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Mo. DATE 3-19-36
19. UNDERTAKER (ADDRESS) Cyclar Funeral Home K. C. Mo.
20. FILED Mar 19, 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1936.
22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 18, 1936
I last saw h. alive on March 18, 1936. Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
93 c	

Other contributory causes of importance:
Arteriosclerosis
Myocarditis - Chronic

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) Drucey R. Thorne, M. D.
(Address) 1010 Professional Bldg.

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.