

APR 23 1936

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

Do not use this space.

10810

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3720 Main)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1484
St. _____ Ward _____

2. FULL NAME Mrs. Zephy Graham

(a) Residence, No. 3720 Main St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Paola, Kansas13. NAME Alex Price14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Vina McCowlum16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT H. M. Graham
(ADDRESS) 3720 Main Street18. BURIAL, CREMATION, OR REMOVAL PLACE Paola, Kansas DATE March 19, 193619. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.20. FILED March 19, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to March 18, 1936
I last saw her alive on March 18, 1936. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____ Date of onset _____

Acute Toxic Myocarditis
(Sudden Death) 11-3

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) Charles Wheat, M. D.
(Address) 231 North 1st St.

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.

Dr. A. L. ...

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9:15 A.M.