

**OCT 21 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

36350

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 6248 H.

City Richmond Heights (No. St. Marys Hospital)

File No.

Registered No. 233

St. \_\_\_\_\_ Ward)

**2. FULL NAME** William Burdett Graham

(a) Residence, No. 3559 Caroline St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>2</u>	<u>21</u>	

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

13. NAME William Graham

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

15. MAIDEN NAME May Rogers

16. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. May Graham  
 (ADDRESS) 3559 Caroline

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cem DATE Sept. 12-36

19. UNDERTAKER A. W. McLaughlin  
 (ADDRESS) 2301 Lafayette Ave.

20. FILED Sept. 11, 1936 Sau. A. B. B. B.  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7-, 1936, to 9-10-, 1936

I last saw him alive on 9-10-, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

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

Dislocation of Cervical vertebrae - 3<sup>rd</sup> - 4<sup>th</sup>

Other contributory causes of importance:  
Section of spinal cord  
OVER

Name of operating physician \_\_\_\_\_ Date \_\_\_\_\_  
 What test confirms diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 9-7-, 1936  
 Where did injury occur? St. Louis County  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Diving into shallow water  
 Nature of injury Dislocation of Cervical vertebrae

24. Was there any other injury in any way related to the condition of deceased? No

(Signed) John H. Stewart, M. D.  
 Address Lois Bldg St. Louis Mo.

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.

While in swimming with other comrades at Meramec river, climbed up into tree and dove from tree into shallow water striking his head on the bottom, which is purely accidental to himself, no one involved other than himself, in this particular circumstances.

Was taken from the water by other comrades unconscious and taken to St. Mary's hospital and found that he had dislocation of the 3rd and 4th cervical vertebra which caused cord pressure and cord hemorrhage which in turn caused cord block being the aetiology of his demise.

*John B. Finn*