MAR 16 1937

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

Do not use this space.

File No. 5043
Registered No. 126

1. PLACE OF DEATH
County: BUCHANAN
Township: WASHINGTON
City: ST. JOSEPH (No. 611 MARY St. Ward)
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME MAUDE GRAHAM
(a) Residence, No. 611 MARY 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)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOVEMBER 27, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
✓	45	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NONE
10. Date deceased last worked at this occupation (month and year): UNKNOWN
11. Total time (years) spent in this occupation: UNKNOWN

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEWCASTLE, ALABAMA

FATHER
13. NAME: CARL COOK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ALABAMA

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT: HARRY GRAHAM
(ADDRESS) 102 N 2nd - Transit Bureau St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CITY CEMETERY, DATE: FEB. 4, 1937

19. UNDERTAKER: FLEEMAN & SON, INC.
(ADDRESS) ST. JOSEPH, MO.

20. FILED: Feby 3, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB. 2, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 37, 19..., to ..., 19...
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia following acute cold	1/6-37

Other contributory causes of importance: None

Name of operation ... Date of ...
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.
(Address) King Hill 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.