Kelly MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cole
Township Jefferson
City (No. St. Ward)
Registration District No. 213
Primary Registration District No. 3014
File No. 5592
Registered No. 88

2. FULL NAME Infant Graham
(a) Residence, No. 1206 E Atchison 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-37
7. AGE YEARS MONTHS DAYS Stillborn
If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) Jefferson City Mo

FATHER
13. NAME Wm Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Dorothy Fortis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT (ADDRESS) Wm Graham JC Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE 2/17 1937
19. UNDERTAKER (ADDRESS) Dawson-Tanner Co Mo
20. FILED 2/17/1937 [signature] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1937 to Feb 17th, 1937
I last saw him alive on Feb 17th 1937 Death is said to have occurred on the date stated above, at 5:15 m.
The principal cause of death and related causes of importance were as follows:
Stillborn
Date of onset
Other contributory causes of importance: Detached Placenta
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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?
If so, specify
(Signed) Thomas J. Kelly, M. D.
(Address) Jefferson City Mo.

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.