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.

APR 8 1937

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

Do not use this space.

9764

File No. 435

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K.C.Missouri (No. Wheatley Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: William Graham
(a) Residence, No. 1329 Highland 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 50 — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pullman Porter
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): Newnan, Georgia

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Betty Ann Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nenan, Georgia

17. INFORMANT: Miss Cora C. Jones
(ADDRESS) Atlanta, Georgia.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nenan, Georgia DATE May 30, 1937

19. UNDERTAKER: Julius O. K. Fisher
(ADDRESS) 2214 Lime St.

20. FILED 3-27-37 19 M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1936, to March 18th, 1937
I last saw him alive on March 18th, 1937. Death is said to have occurred on the date stated above, at 6:45 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Focal infection from the teeth, multiple arthritis and myocarditis.	

Other contributory causes of importance:
Arterio-schlerosis.

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) F. C. Perry M. D.
(Address) 1214 Vine St