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

JUL 10 1937

Do not use this space.

22968

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw. — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. Wesley Hospt. St. Ward)

2. FULL NAME George M. Graham
(a) Residence, No. Clinton, Mo. St. 121 E. Green 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: M
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Turner Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 1880

7. AGE: 5 yrs. 56 — YEARS: 56 — MONTHS: 10 mo — DAYS: 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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) Olathe Kans

FATHER
13. NAME Minor T. Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Sarah Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Geo. M. Graham 5235 Norledge Kc Mo nephew

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo. 19

19. UNDERTAKER (ADDRESS) Consolas & Peck Funeral Home Clinton Mo

20. FILED 6/29 1937 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perineal abscess from fistula of perineal urethral	
General sepsis from extension of abscess	

Other contributory causes of importance:
Fall earlier on perineal structures causing trauma

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....
Where did injury occur? x (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? Yes
Yes, specify Fell while working as electrician
(Signed) R. Laffey, M. D.
(Address) 1103 Grand

1860

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

22968
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1. PLACE OF DEATH
(a) County: Jackson — Registration District No.: 399
(b) Township: — Primary Registration District No.: 1002 — Registered No.: 19
(c) City: K. C. Mo. (d) Street No.: ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: George M. Graham
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): m

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19 .....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perineal abscess from fistula, perineal urethral [illegible] sepsis from extension of abscess	3 wks

Other contributory causes of importance:
Fall [illegible] on [illegible] fracture of [illegible] Fragment fell astride fence and injured perineum
Name of operation: ..... Date of: .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
Recurrent urinary fistula & infection

23. If death was due to external cause (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) R. R. Coffey, M. D.
(Address) 1103 Grand

SUPPLEMENTARY

S-22968