AUG 19 1937

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

Do not use this space.

26860

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 26860
Township " " — Primary Registration District No. 3009 — Registered No. 209
City " " (No. 225, No. Ellis St. St. Ward)

2. FULL NAME Edgar Graham
(a) Residence, No. 225 No Ellis 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7. 1891

7. AGE — YEARS: 46 — MONTHS: 0 — DAYS: 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber dealer
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) Fredericktown Mo

FATHER
13. NAME J. P. Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

MOTHER
15. MAIDEN NAME Cora N. Tidwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo.

17. INFORMANT J. P. Graham
(ADDRESS) St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE July 6th 1937

19. UNDERTAKER Walthes Und. Co
(ADDRESS) Cape Girardeau Mo.

20. FILED 7-3-1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ at 9:45 July 3, 1937, to ....., 19....
I last saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: —

Name of operation — Date of
What test confirmed diagnosis? — 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) J. H. Ruff D.O.
(Address) Cape Girardeau, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.