

AUG 25 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Madison  
Township St. Michael  
City Fredericktown (No. ....)

Registration District No. 038  
Primary Registration District No. 3028

File No. 27732  
Registered No. 56  
St. .... Ward

2. FULL NAME Patricia Faye Graham

(a) Residence, No. .... 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>2</u>	<u>2</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Madison Co. Missouri  
(STATE OR COUNTRY)13. NAME Pete Graham14. BIRTHPLACE (CITY OR TOWN) Madison Co. Missouri  
(STATE OR COUNTRY)15. MAIDEN NAME Pearl Turnbaugh16. BIRTHPLACE (CITY OR TOWN) Madison Co. Missouri  
(STATE OR COUNTRY)17. INFORMANT Pete Graham  
(ADDRESS) Fredericktown, Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Michael DATE July 21, 193719. UNDERTAKER Ed. H. Webb  
(ADDRESS) Fredericktown, Mo20. FILED July 21, 1937 S. C. Blough (Address) Fredericktown, Mo  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to July 19, 1937.  
I last saw her alive on July 19, 1937. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 7/13

Other contributory causes of importance:

Pertussis.Name of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 1937Where did injury occur? no  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. B. Brumser, M. D.(Address) Fredericktown, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

