

REC'D APR 14 1938

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

10205

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 344
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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. 3 mos. = ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susie A. Graham 650

(a) Residence, No. _____ St. Atchison, Kansas.
(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 Female 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 James Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Nodaway County
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Frank Groves

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah R. Spencer

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. W. C. Polson
(ADDRESS) Atchison, Kansas.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE March 26, 1938

19. FUNERAL DIRECTOR H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Mar 23, 1938 H. J. Neel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to Mar 23, 1938

I last saw her alive on Mar 27, 1938. Death is said to have occurred on the date stated above, at 7:05A.

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

Myocarditis Chr.

Date of onset

?

Other contributory causes of importance:

Arterio sclerosisName of operation none Date of _____What test confirmed diagnosis? clinical 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) B. Brown M. D.(Address) St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

--- L. E. ----

No. ---- or by ----, Registered Apprentice No. ----
working under my personal supervision.

Signed

Elbert E. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)