

REC'D AUG 10 1938

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

Do not use this space.

25437

1. PLACE OF DEATH

County *Henry*Registration District No. *347*

Township

Primary Registration District No. *3018*City *Clinton*(No. *650*)

St.

Ward)

2. FULL NAME

(a) Residence, No. *614 W. Graham*

(Usual place of abode)

St.

Ward.

(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

*white*5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*single*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Feb 27 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*2**5**8*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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*0*12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Clinton mo*

13. NAME

*Chas Graham*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Adair co mo*

15. MAIDEN NAME

*Voncille Atterman*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Davess co mo*17. INFORMANT
(ADDRESS)*Mrs Chas Graham
Clinton mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clinton mo

DATE

*Aug 7 38*19. UNDERTAKER
(ADDRESS)*Consensus & Sons
Clinton mo*

20. FILED

8-9

19

*38**W. J. R. Hamilton*

Registrar

MEDICAL CERTIFICATE OF DEATH

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

*8-5*19*38*

22. I HEREBY CERTIFY, That I attended deceased from

*8-1*19*38*to *8-5*19*38*I last saw him alive on *8-5*, 19*38*. Death is saidto have occurred on the date stated above, at *1 P. M.*

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

*Heart - Entailis*Date of onset
7-30-38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

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)

W. J. R. Hamilton

, M. D.

(Address)

Clinton mo

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.

