

PERMANENT RECORD

UL 1938

REC'D AUG 9 1938

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

26467
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
(b) Township _____ Primary Registration District No. 200
(c) City Jennings (d) Street No. 2110 Leslie Ave., Registered No. 1285
Jennings, Mo. 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 FRANK GRAHAM

(a) Residence, No. 2110 Leslie Ave., Jennings, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Lizzie Mulroy Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 81

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. watchman.
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) Ireland.

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. Julia Gannon
(ADDRESS) 5645 Park Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 1. 1938

19. FUNERAL DIRECTOR A. Brown & U. Co.
(ADDRESS) 2707 North Grand Bl.

20. FILED 11 19 38
J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/17/38, 19, to 7/29/38, 19. I last saw him alive on 7/28/38, 19. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

Heart Exhaustion Date of onset 7/28/38

Other contributory causes of importance: Senility

Name of operation none 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? none 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. R. Meyer M. D.
(Address) 6815 W. Louisiana

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.

