REC'D DEC 19 1938

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

33630
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 467

(b) Township Aurora — Primary Registration District No. 4280 — Registered No. 72

or

(c) City Aurora — (d) Street No. 828 S Madison Ave 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 Malinda Graham

(a) Residence, No. 828 S. Madison Ave St. (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 28-1857

7. AGE: Years 80 — Months 11 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Barrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calvin Barrett Ohio

MOTHER

15. MAIDEN NAME Margaret Ellen Wendell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennslyvania

17. INFORMANT (ADDRESS) Mr Chase Graham Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Nov, 28- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King Aurora Mo.

20. FILED Dec 2, 1938 R D Cowan, MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 24, 19..

I last saw her alive on Nov 22, 1938 Death is said to have occurred on the date stated above, at 8.15A.M.

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

	Date of onset
Ch. Myocarditis	?
.A3C	
Other contributory causes of importance:	
Hypertension	?

Name of operation none Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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?

If so, specify

(Signed) R D Cowan, M. D.

(Address) Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-832
Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Herman Surridge, Registered Apprentice No. ..... working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

If this body is not embalmed, above space should be left blank.