

DEC 23 1939

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

2431
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 346
(b) Township Washington Primary Registration District No. 5483 Registered No. 1
(c) City 1 (d) Street No. _____ 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

GEORGE WASHINGTON GRAHAM
(a) Residence, No. Harrison Co St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 9 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Harrison Co
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Graham

14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Parthena Craftree

16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Sarah E. Graham
(ADDRESS) Martinsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wesley Chappell DATE Jan 12 1939

19. FUNERAL DIRECTOR (NAME) W. H. Noble
(ADDRESS) New Hampton

20. FILED Feb 2 1939 Chas Adair
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1939, to Jan 11 1939

I last saw him alive on Jan 10 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Cerebro-Pneumonia Date of onset Jan 8

Other contributory causes of importance: 107W

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 _____, 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) J. H. Wilson M. D.

(Address) New Hampton Mo

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

W. G. Noble

Licensed Embalmer No. *2904*

P. O. Address *New Hampton Mo*

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.)

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