

REC'D FEB 15 1939

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

4166
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 863
(b) Township Piney Primary Registration District No. 6137
(c) City Houston Mo (d) Street No. _____
(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.

Registered No. 23

2. PRINT FULL NAME

650 Cordelia Irene Graham.

(a) Residence, No. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26th, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year) over a year ago
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.13. NAME Leonard Hartgrave14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.15. MAIDEN NAME Lilly May Ragsdale16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.17. INFORMANT (ADDRESS) Wilford Graham Houston Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Jarett Cemetary DATE Dec 21st 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) G. V. Elliott20. FILED 1-11-39 Mabel Shoemaker 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 Nov. 14, 1937, to Jan 11, 1939
I first saw him alive on Jan 11, 1939. Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 1-10-39
Pleurisy & Effusion 57
Spontaneous
Other contributory causes of importance:
Carcinoma of left breast
Amputation 7-10-38

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) G. V. Elliott, M. D.
Houston, Mo. (Address) 911

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH CARE SERVICES

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.