

REC'D MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence

Township

City Mt. Vernon

Registration District No. 470

Primary Registration District No. 5-6-33

(No. Missouri State Sanatorium)

File No. 15330

Registered No. 46

St.

Ward

2. FULL NAME Clifford George Graham

(a) Residence, No. Aurora, Missouri, 103 West St., Tyndall St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 11 mos. 28 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF
Mrs. Lois Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	36	22	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Farmer

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)
Feb. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Winniewood
(STATE OR COUNTRY) Okla

13. NAME William Franklin Graham

14. BIRTHPLACE (CITY OR TOWN) -----
(STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Lillie Jane Hendlita

16. BIRTHPLACE (CITY OR TOWN) -----
(STATE OR COUNTRY) Texas

17. INFORMANT E. McMichael Record Clerk
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo. DATE April 3, 1939

19. UNDERTAKER Aurora Funeral Home
(ADDRESS) Aurora Mo.

20. FILED April 2, 1939 P. A. Holmes 421
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from
April 6, 1938 to April 2, 39 xxxxxx

I last saw him alive on April 2, 1939. Death is said

to have occurred on the date stated above, at 3:25 p. m.

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

Pulmonary
Tuberculosis

Date of onset
1935

Other contributory causes of importance:

tuberculosis of lumbar
spine

1938

Name of operation None Date of

What test confirmed diagnosis? Sputum 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)

P. A. Holmes

M. D.

(Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-980

Date Filed MAY 9 1939