

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

Do not use this space.

REC'D JUN 21 1939

File No. **18736**
 Registered No. _____
 Ward _____

1. PLACE OF DEATH

County **Henry** Registration District No. **347**
 Townshp _____ Primary Registration District No. **3018**
 City **Clinton** (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **521 South Orchard 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 6 1867**

7. AGE YEARS **77** MONTHS **4** DAYS **22** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House work**
 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) _____ 11. Total time (years) spent in this occupation **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

FATHER 13. NAME **Stanley Sherborne**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Dont know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT **Mrs. Maude Graham** (ADDRESS) **Clinton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Englewood** DATE **07/30/39**

19. UNDERTAKER **Conradus & Beck** (ADDRESS) **Clinton Mo**

20. FILED **6-5 39** (Address) **Clinton, Mo**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28 1939**

22. I HEREBY CERTIFY, That I attended deceased from **1935** to **May 28 1939**

I last saw her alive on **April 28 1939** Death is said to have occurred on the date stated above, at **12:30 p.m.**

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

Coronary occlusion Date of onset **5/28/39**
59

Other contributory causes of importance: **Diabetes mellitus unknown**

Name of operation **None** Date of _____
 What test confirmed diagnosis? **clinical** 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 **None**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____

(Signed) **S. B. Hughes** M. D.
 (Address) **Clinton, Mo**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-10-22-36
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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.

Hughes

RECEIVED

District Health Officer No. 7,

District File Number

7-5-39

Date Filed

6-6-39