

NOV 7 1939

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

Do not use this space.

36667

1. PLACE OF DEATH

County Mercer
Township Harrison
City Cainsville

Registration District No. 558
Primary Registration District No. 5449
(No. R., F., D. # 1)

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME Alfred Johnson Graham

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Pearl Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24 1877

7. AGE YEARS 61 MONTHS 9 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jackson County (STATE OR COUNTRY) Ohio

13. NAME Nathan Graham

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

15. MAIDEN NAME Sarah Caster

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

17. INFORMANT (ADDRESS) Pearl Graham
Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oaklawn Cemetery DATE October 18, 1939

19. UNDERTAKER (ADDRESS) G. M. Turkey
Cainsville, Missouri

20. FILED 10/16/39 1939 G. M. Turkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Spontaneously Date of onset _____
gunshot wound near heart
3 in left of median line and about
the 7th rib
Evidently self inflicted

Other contributory causes of importance: _____

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? suicide Date of injury 10/16, 1939

Where did injury occur? Cainsville, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Farmer - at home

Manner of injury gun shot - self

Nature of injury wound near heart

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James H. Danversville M.D.

10/16/39 Mercer, Mo. Coroner

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.

District No. 19,
District No. 1139-1410
~~July 3 1939~~