

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

3287

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 656  
 (b) Township Dooter Primary Registration District No. 5813  
 or ~~Steele~~  
 (c) City Steele (d) Street No. 7 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Jessie Graham  
 (a) Residence, No. Steele, Mo. 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zula Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
45 4 27

OCCUPATION 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) (STATE OR COUNTRY) Sanatobia Miss

FATHER 13. NAME Ben Graham  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME Zula Williams  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Canara Smith  
 (ADDRESS) Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Grove Cem DATE Jan 1, 1940

19. FUNERAL DIRECTOR (NAME) German Undert Co. 588  
 (ADDRESS) Steele, Mo.

20. FILED 1-17 1940 Tom Berger  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31. 39 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1939, to Dec 31 1939

I last saw him alive on Dec 30 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Acute indigestion and heart failure

Date of onset

Other contributory causes of importance: 95%

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  
 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 J. McDaniel  
 (Signed) J. McDaniel, M. D.  
 (Address) Steele, Mo.

FILED FEB 3

1940

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**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.**