

JUL 15 1940

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

22731
Do not use this space.

1. PLACE OF DEATH 3

(a) County St. Francois Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A Registered No. 115

(c) City Near Farmington (d) Street No. State Hospital No. 4 St.

(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.

2. PRINT FULL NAME Ples Graham

(a) Residence, No. Fredericktown, Mo. 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married (Separated)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Alice Nunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 2 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone cutter

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) Madison Co. Missouri

FATHER

13. NAME Elisha F. Graham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Missouri

MOTHER

15. MAIDEN NAME Mary Stacey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Missouri

17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Vine Cem. DATE 6-7 40 Madison Co., Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. H. Webb Fredericktown, Mo.

20. FILED June 6, 1940 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5, 1940

I HEREBY CERTIFY, That I attended deceased from 4-27, 1940, to 6-5, 1940

I last saw him alive on 6-5, 1940. Death is said to have occurred on the date stated above, at 6:15p. m.

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

Cerebral Arteriosclerosis with psychomotor (convulsions) Terminal apoplexy (6-3-40)

Other contributory causes of importance: Bad leg Burn Rt. Lateral ext. Hypertensive heart disease

Name of operation None Date of 6-5

What test confirmed diagnosis Brain photo Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4-20, 1940

Where did injury occur? on home Fredericktown Mo. started to build house (city or town, county, and State)

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

Manner of injury Burn as started to light fire

Nature of injury Bad leg (Rt) Right leg thigh

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W. J. Davis Graves, M. D.

(Address) Farmington, 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.

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, was n

was n

embalmed

or by

Registered Apprentice No., working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No.

731

P. O. Address

Frederick Town

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.