

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAY 3 1949**

State File No. **12121**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

390000

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		Registrar's No. <u>355-A</u>		
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>South Carolina</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>S. Campbell Twp. RURAL</b>		c. LENGTH OF STAY (in this place) <b>9 mos, 11 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ridgeland</b>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>Medical Center for Fed. Pris.</b>				d. STREET ADDRESS (If rural, give location) <b>21</b>				
3. NAME OF DECEASED (Type or Print) <b>Herbert</b>			a. (First)		b. (Middle)		c. (Last) <b>GRAHAM</b>	
4. DATE OF DEATH		(Month) <b>April</b>		(Day) <b>20</b>		(Year) <b>1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>August 30, 1920</b>		
9. AGE (In years last birthday) <b>28</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, laborer, etc.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Ridgeland, Sout Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Melvin Graham</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Graham</b>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		(If yes, give war or dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>??</b>		17. INFORMANT'S SIGNATURE OR NAME <b>File - MCFP</b> ADDRESS <b>Springfield, Missouri</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
<b>MEDICAL CERTIFICATION</b>								
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tuberculosis of lung, far advanced</b>								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death. <b>Anemia</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <b>S. Campbell Twp.</b>		(COUNTY) <b>Greene</b> (STATE) <b>Missouri</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that <sup>The medical staff</sup> attended the deceased from <u>July 9, 1948</u> , to <u>April 20, 1949</u> , that <sup>they</sup> last saw the deceased alive on <u>April 20, 1949</u> , and that death occurred at <u>8:18 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>E. R. ... Clinical Director</b> (Degree or title)				23b. ADDRESS <b>Medical Center for Federal Prisoners, Springfield</b>		23c. DATE SIGNED <b>Apr 26/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/27/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridgeland Funeral Home</b>		24d. LOCATION (City, town, or county) (State) <b>RIDGELAND S. CAROLINA</b>		
DATE REC'D BY LOCAL REG. <b>4/27/49</b>		REGISTRAR'S SIGNATURE <b>W. Z. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Frank C. ...</b>		ADDRESS <b>Springfield, Mo.</b>		

