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

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.

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

399

Do not use this space.

6484

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3847 Baltimore St. Ward)

Registration District No. 1002
Primary Registration District No.

File No.
Registered No.

2. FULL NAME Mrs Mary H. Graham

(a) Residence. No. 3847 Baltimore St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 - 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
75	10	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

26

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

2

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

31

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

31

14. INFORMANT Edw. G. Treeber
(Address) 3847 Baltimore

15. FILED 2-8-1929 M. M. Crowe, Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929 to Feb 7, 1929, that I last saw her alive on Feb 7, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar
108
a T B

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Paralysis, Agitans

(duration) yrs. 24 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

1010

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B. S. Paine, M. D.

2/8, 1929 (Address) 926 McGee

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ft. Scott Kans
DATE OF BURIAL 2/8 1929

20. UNDERTAKER R. V. Lindsey & Sons
ADDRESS KCM