

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

Do not use this space.

25732

183

1. PLACE OF DEATH
 2.6 County Gale Registration District No. 213
 3 Township _____ Primary Registration District No. 3014
 8 City Jefferson (No. _____) St. _____ Ward _____
 2. FULL NAME Nellie Graham
 (a) Residence, No. 308 E. Dunklin St. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Andrew Graham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 235
 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) Leake Co. 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Aug 9, 1932
 That saw her alive on Aug 8, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset Aug 8 1932
 Other contributory causes of importance: _____

MOTHER FATHER
 13. NAME Andrew
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do 31
 15. MAIDEN NAME Nellie Bolton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leake Co. Mo
 17. INFORMANT Andrew Graham
 (ADDRESS) 308 E. Dunklin
 18. BURIAL, CREMATION, OR REMOVAL New City DATE Aug 11 1932
 19. UNDERTAKER Hansen (ADDRESS) Jefferson City, Mo
 20. FILED 8/11/32 1932 J. D. Boyd Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? no
 If so, specify _____
 (Signed) Jas. A. Hill _____, M. D.
 (Address) Jefferson City Mo

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.

SEP 22 1932

