Mailed

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

Do not use this space.

FEB 18 1937

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No. 2601
Township — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. 415 Va 2 St. Ward)

2. FULL NAME Benj Franklin Graham
(a) Residence, No. 415 Va 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Hare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-29-62

7. AGE: YEARS 74 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Barber
10. Date deceased last worked at this occupation (month and year): Several years ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Summer Hill Ill

FATHER
13. NAME: Henry Graham ~~Unknown~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs Benj F Graham Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE 7/19 1937

19. UNDERTAKER (ADDRESS): F C Haley Jr Louisiana Mo

20. FILED 7/18 1937 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 18, 1937
I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	6 hours
Other contributory causes of importance: Arteriosclerosis	(?)

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? .....
If so, specify .....
(Signed) J H Miller, M. D.
(Address) Louisiana 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.