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.

18

LEG'D MAR 9 1939

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

6161
Do not use this space.

1. PLACE OF DEATH
(a) County Carter 2 Registration District No. 145
(b) Township Johnson 1 Primary Registration District No. 5208 File no 18 Registered No. 47
(c) City Hunter (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 65D Ray Dan Graham
(a) Residence, No. ..... 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1936
7. AGE YEARS MONTHS 19 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
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) Hunter Mo

FATHER
13. NAME Elza Henry Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunter Mo

MOTHER
15. MAIDEN NAME Mabel Odell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hal Co Mo

17. INFORMANT (ADDRESS) Elza Graham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hunter Cemetery DATE June 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. Peck Hunter, Mo

20. FILED Jan 15, 1939 Alexander Johnston M.D. Per Mary Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1938, to 6-23, 1938
I last saw him alive on 6-14-, 1938 Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis with diarrhea	6-14-38

114 P.

Other contributory causes of importance:

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) A. A. Brookman, M. D.
137 (Address) Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)