

MARGIN RESERVED FOR BINDING

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. See instructions on back of Certificate.

1 PLACE OF DEATH.			STATE OF ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH		1037
County	Washington		Registration District No.	637	File No. 38a
Township	Prairie Grove		Primary Registration District No.	637	Registered No. 637
Inc. Town	Prairie Grove		(No. _____ St. _____ Ward _____)		
City					
2 FULL NAME			Joseph Sloan Graham		
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			
Male	White	Single			
6. DATE OF BIRTH					
Jan. 17, 1878					
7. AGE			If LESS than 1 day, _____ hrs. or _____ min?		
38 yrs. 5 mos. 4 ds.					
8. OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			Farmer		
9. BIRTHPLACE (State or Country)			Miss		
10. NAME OF FATHER			H. M. Graham		
11. BIRTHPLACE OF FATHER (State or Country)			Miss		
12. MAIDEN NAME OF MOTHER			Jamin A. Lyon		
13. BIRTHPLACE OF MOTHER (State or Country)			S.C.		
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) H. M. Graham					
(Address) Prairie Grove					
15. Filed Jan 22 1916 E. J. M. Connick REGISTRAR					
Form V. S. No. 4-15M-4-35-15					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH					
June 22, 1916					
17. I HEREBY CERTIFY That I attended the deceased from June 20, 1916, to June 22, 1916, that I last saw him alive on June 22, 1916, and that death occurred on the date stated above, at 3am.					
The CAUSE OF DEATH * was as follows:					
Mitral Regurgitation					
Duration yrs. 11 mos. ds.					
Contributory SECONDARY					
Duration yrs. mos. ds.					
Signed J. H. Braggs, M. D.					
June 22, 1916 Address Prairie Grove					
*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.					
18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)					
At Place of death yrs. mos. ds. In the State yrs. mos. ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence					
19. PLACE OF BURIAL OR REMOVAL					
Prairie Grove					
DATE OF REMOVAL					
1916					
20. UNDERTAKER					
J. J. Cant					
ADDRESS					
Prairie Grove					