

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

Do not use this space.

42016

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.

*Dr Bishop*

AN 28 1929

1. PLACE OF DEATH  
 County *Polk* Registration District No. *668*  
 Township *Madison* Primary Registration District No. *5889*  
 City *Polk* (No. ....) St. .... Ward) ....

2. FULL NAME *Mary Francis Griswold*  
 X (a) Residence. No. .... St. .... Ward. *Kansas City Mo*  
 (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**

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *—*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 18 1908*

7. AGE	Years	Months	Days	If LESS than 1 day, .... hrs. or .... min.
<i>20</i>	<i>5</i>	<i>7</i>	<i>25</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Polk Mo*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *James Griswold*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Morgan Mo*  
 (STATE OR COUNTRY) *Missouri*

12. MAIDEN NAME OF MOTHER *Rosie Hatfield*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Morgan Mo*  
 (STATE OR COUNTRY)

14. INFORMANT *Gladys Griswold*  
 (Address) *Polk Mo*

15. FILED *12-27 1928* *J. L. Love* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12/25 1928*

17. I HEREBY CERTIFY, That I attended deceased from *after death* 19... to 19... that I last saw him alive on *12/21/28* 19... and that death occurred, on the date stated above, at *Polk Mo* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Injuries sustained in collision of auto bus with patient skull fractured west of Sedalia Mo 50 mi outside of city limits*

CONTRIBUTORY (SECONDARY) *1880*

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? *1880*

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *W. H. Bishop Brown, M. D.* 19... (Address) *Sedalia Mo*

\*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 *Mt Carmel* DATE OF BURIAL *12/30 1928*

20. UNDERTAKER *W. Laughlin Bros* ADDRESS *Sedalia*

