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

Do not use this space.

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APR 21 1931

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 8873

Township — Primary Registration District No. 1001 — Registered No. 302

City St Joseph, Mo. (No. Missouri Methodist Hospital St. ..... Ward)

2. FULL NAME Hattie Griffin

(a) Residence. No. 815 North 4th St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home 12 12

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cherokee County, Kansas (STATE OR COUNTRY) 2

PARENTS

10. NAME OF FATHER William Griffin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) W. Noland Penn. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Hopkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Unknown (STATE OR COUNTRY) 21

14. INFORMANT Lula Griffin (Address) St. Joseph, Mo

15. FILED MAR 23 1931, 19 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to Mar 20, 1931 that I last saw her alive on Mar 20, 1931 and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Ruptured appendix

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 20, 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

3/21 (Signed) P. R. McGill, M. D.

1931 (Address) 322 Kilpatrick Bldg St Joseph, 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	DATE OF BURIAL
Ashland	Mar. 23, 1931
20. UNDERTAKER	**ADDRESS**
Fleeman Funeral Home	1946 Calhoun

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.