

APR 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No. 8997
Registered No. 96
St. Ward)

2. FULL NAME

Miss Flora D Griffin
(s) Residence, No. 215 W. Farmer St. 1 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 Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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) Cairo Missouri

13. NAME James D Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Missouri

15. MAIDEN NAME Laura B McKinney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Cairo Mo.

17. INFORMANT Mrs. Maude Wright (ADDRESS) 1117 S. Walnut Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Washin. Co. DATE Mar 27 1935

19. UNDERTAKER (ADDRESS) Ed + Mitchell Independence Mo.

20. FILED 3-29-35 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1930 to March 25 1935

I last saw her alive on March 25 1935. Death is said to have occurred on the date stated above, at 12:57 p.m.

The principal cause of death and related causes of importance were as follows:

Tachycardia with angina pectoris Date of onset 11/18/34

Other contributory causes of importance: Chronic interstitial nephritis

Name of operation None Date of
What test confirmed diagnosis? Examination 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) Dr. Ruth Andrews M. D.
(Address) Independence, Mo.

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.

