AUG 12 1935

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

Do not use this space.

22178

1. PLACE OF DEATH

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

Township — Primary Registration District No. 1001 — Registered No. 731

City St. Joseph (No. , St Joseph Hosp St. Ward)

2. FULL NAME Jesse Myrtle Griffin

(a) Residence, No. ~~Sisters Hosp.~~ St., Ward. Maysville 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. 30 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1895

7. AGE: YEARS 39 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Rochester Mo

FATHER

13. NAME: H.C.Maddock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rochester Mo

MOTHER

15. MAIDEN NAME: Nannie Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): H.C.Maddock Maysville Mo.

18. BURIAL, CREMATION, OR REMOVAL: Maysville Mo DATE 7/12-35 19

19. UNDERTAKER (ADDRESS): U.G.Pilcher Maysville Mo

20. FILED 7-11 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to July 10, 1935. I last saw her alive on July 12, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Bronchia Pneumonia & Lung Abscess

Date of onset

Other contributory causes of importance: appendix abscess

Name of operation — Date of

What test confirmed diagnosis? X ray — 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) H R Walker, M. D.

(Address) 301 N 8 St Joseph Mo

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.