

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 23 1936

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

Do not use this space.

37221

1. PLACE OF DEATH

County Wapasha Registration District No. 262
Township Wapasha Primary Registration District No. 5364
City Helena (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Nancy Jane Griffie

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) West Helena, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1854
7. AGE YEARS 82 MONTHS 3 DAYS 18 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 1934 11. Total time (years) spent in this occupation 48 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Missouri

13. NAME Benjamin Dixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Hawk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown the Barometer

17. INFORMANT Mrs. Ott Bathard (ADDRESS) Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Oct. 15 1936

19. UNDERTAKER Lucile M. Wilson (ADDRESS) King City, Mo.

20. FILED 10/17 1936 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1936 to Oct 13 1936
I last saw him alive on Oct 13 1936 Death is said to have occurred on the date stated above, at 4:00 m.

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

Chronic Myocarditis

Other contributory causes of importance:

Acute Dysentery 10/7/36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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? _____
If so, specify _____

(Signed) E. M. Reynolds M. D.
(Address) Union Star 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.

