

MARGIN RESERVED FOR BINDING

V. S. No. 2.
50M-7-20-37

I X12004

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.

REC'D. JAN 6 1938

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

43011

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 114
 (c) City Washington, (d) Street No. West 7th St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Helen Theresa Griffin

(a) Residence, No. West 7th St., Washington, Mo (Usual place of abode, if no street address, write county for city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF * James B. Griffin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 71 Dec. 29, 1866
 7. AGE YEARS 71 MONTHS 11 DAYS 25 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Wardsville, Mo (STATE OR COUNTRY)

FATHER 13. NAME Paul Ihler
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jesina Tillmann
 16. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. John Griffin (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. Dec. 28, 1938

19. FUNERAL DIRECTOR Otto & Co. (ADDRESS) Washington, Mo

20. FILED DEC 27 1938 H. A. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935, 19____, to Dec. 24, 1938, 19____. I last saw h. Her alive on Dec. 24, 1938, 19____. Death is said to have occurred on the date stated above, at 8.00 P. M.

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

Chronic Interstitial Nephritis Date of onset Feb. 15, 35

Other contributory causes of importance:

None

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

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) Basmanoff, M. D.
 (Address) Washington Mo.

STATEMENT BY LICENSED EMBALMER

I, Henry W. Otto, Licensed Embalmer No. 3560

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Henry W. Otto

Licensed Embalmer No. 3560

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)