2350 OCT 1 0 1939

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

32527
Do not use this space.

1. PLACE OF DEATH
(a) County Howell
(b) Township
(c) City or Town West Plains, Mo.
Registration District No. 384
Primary Registration District No. 4227
Registered No.
(d) Street No. Christa Hogan Hospital 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 yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hazel Myrtle Griffith
(a) Residence, No. Thomasville, Mo. St.
(Usual place of abode, if no street address, write county or city)
Thomasville, Mo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
22	9	19	

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) Aug. 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomasville, Mo.

FATHER
13. NAME Fred Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cull, Mo.

MOTHER
15. MAIDEN NAME Annie Francis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutesville, Mo.

17. INFORMANT (ADDRESS) Troy Griffiths Thomasville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thomasville, Mo. DATE Sept. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hal Thornburgh West Plains, Mo.

20. FILED 9-12 1939 Vida W. Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1939, to Sept. 12, 1939
I last saw h... alive on Sept. 11, 1939. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis puerperal Ampt	
14 d	

Other contributory causes of importance: Delivery Aug. 9-39

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? None
If so, specify
(Signed) R. D. [illegible], M. D.
(Address) West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Hal Thornburgh, Reg~~istered Apprentice No.~~, working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 103957
Date Filed 10 2 39

Signed Hal Thornburgh
Licensed Embalmer No. 3408
P. O. Address West Plains, Mo.

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.)

If this body is not embalmed, above space should be left blank.