

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

Do not use this space.

JUL 30 1928

22811

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City Waverly (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 149

2. FULL NAME

(a) Residence. No. State Hosp - 30 St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 7 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philander Griffith
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-10-1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 10 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) US

PARENTS

10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

14. INFORMANT State Hosp Records (Address) Nevada Ave

15. FILED 7-7-28 E. H. Krieg Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928
 17. I HEREBY CERTIFY That I attended deceased from Nov 1 1927 to June 1 1928 that I last saw him alive on June 1 1928, and that death occurred, on the date stated above, at 6:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
32A
47
Arterial thrombosis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH, _____ DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____ WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) E. N. Coon, M. D.

6/1 1928 (Address) Nevada Ave
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose Mo DATE OF BURIAL 6/4 1928

20. UNDERTAKER Ferry Funeral Home Nevada Mo ADDRESS _____

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.

