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.

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

Do not use this space.

5081

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1 19 60 9 — Registered No. 889

City Kansas City (No. 3305 Karnes Blvd. St. Ward)

2. FULL NAME Elizabeth Griffith

(a) Residence. No. 3305 Karnes Blvd. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Josiah Chorn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Sterling (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Rebecca Quisenberry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington (STATE OR COUNTRY) Kentucky

14. INFORMANT D. J. Griffith (Address) 3305 Karnes Blvd

15. FILED 3/2 1927 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 27 1927

17. I HEREBY CERTIFY, That I attended deceased from her Oct. 1925, to Feb. 28 1927 that I last saw her alive on Feb. 27, 1927, and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl L. McDonald M.D.

Mar. 1, 1927 (Address) Bright Bldg. 910 Prospect

*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~~ Belton, Missouri — DATE OF BURIAL 3/3 1927

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

31st & Prospect.