

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.

21697

1. PLACE OF DEATH

County Jasper
Township Johnson
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

Louise Gritto
(a) Residence No. 419 Maple St. Ward.
(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 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 Thos. H. Gritto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 17

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

9. BIRTHPLACE (CITY OR TOWN) Circleville
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Thos. Wiggins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio Co.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Powers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Thos. H. Gritto
(Address) 419 Maple Street

15. FILED July 30, 1927 S. B. Clinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1925, to July 29, 1927
that I last saw him alive on July 29, 1927, at 12:30 p. m., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exophthalmic Goiter
66 B
93 C
60 A (duration) yrs. mos. ds.
CONTRIBUTORY Chronic myocarditis
(SECONDARY) and Pharyngitis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: unknown

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 1917

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? all laboratory
(Signed) Lloyd B. Clinton, M. D.

7/30, 1927 (Address) Carthage - Mo

*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

DATE OF BURIAL

Park Cemetery July 30, 1927

20. UNDERTAKER

ADDRESS

Knell Mortuary Carthage

NOV 5 1943