

JUL 27 1927

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

Do not use this space.

21789

1. PLACE OF DEATH

County Johnson  
Township Warrensburg  
City Warrensburg (No. ....)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Alice Cress Griggs

(a) Residence No. 509 S Holden St. .... Ward. ....

(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr A. C. Griggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 4 21

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)

(STATE OR COUNTRY) Pensylvania

10. NAME OF FATHER George Cress

PARENTS

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

12. MAIDEN NAME OF MOTHER Dedamia Kirkpatrick

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

14. INFORMANT Mr L. F. Griggs (Address) Warrensburg Mo.

15. FILED July 27 1927 M. R. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1927, to July 4, 1927 that I last saw her alive on July 4, 1927, and that death occurred, on the date stated above, at 11-35 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis

97  
1927-8 9/13  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Ibrenia

(duration) .... yrs. .... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

0 DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed) [Signature] M.D.

July 6 27 (Address) Warrensburg 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 Sunset Hill cem DATE OF BURIAL July, 6 27

20. UNDERTAKER S. R. Sweeney ADDRESS Warrensburg

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.

PERMANENT RECORD

