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

Do not use this space.

18253 43

File No. 43

Registered No.

1. PLACE OF DEATH
County St Francois
Township "
City Flat River Mo (No. ..... St. ..... Ward)

Registration District No. 774
Primary Registration District No. 4465

2. FULL NAME Susan Griffith

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

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 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 Earnest Griffith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	11	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) St Francois Co, Mo

PARENTS

10. NAME OF FATHER Geo Whaley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo.
12. MAIDEN NAME OF MOTHER Delia Cobb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Batesville Ark

14. INFORMANT Geo Whaley
(Address) Flat River Mo

15. June 9, 1928 L. L. Keith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 10, 1928 that I last saw her alive on May 9, 1928, and that death occurred, on the date stated above, at 8:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11B

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Chronic articular Rheumatism

(duration) 3 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?

5/11, 1928 (Signed) E C Rohrbach, M. D
(Address) Flat River 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 K of P. Cemetery St Francois
DATE OF BURIAL 5-12 1928

20. UNDERTAKER Jos Diemer
ADDRESS Flat River, Mo.

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.