

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

Do not use this space.

19599

1. PLACE OF DEATH

County Hodgdon
Township Pike
City (No.)

Registration District No. 834
Primary Registration District No. 6097

File No.
Registered No. 17
St. Ward

2. FULL NAME

Griscilla E. McIntosh

(a) Residence. No. 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1958

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 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) Tennessee
(STATE OR COUNTRY)

10. NAME OF FATHER Cambell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Joe Layton
(Address) 119 - Matthews Central

15. FILED 6-12-1958 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1958

17. I HEREBY CERTIFY, That I attended deceased from 3-9-1958, to 5-9-1958, that I last saw h. alive on , 1958, and that death occurred, on the date stated above, at 6 o'clock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac asthma
following Influenza
11B
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Davis, M. D.
6-12-1958 (Address) Bloomfield, MO.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walter County, MO DATE OF BURIAL 5-11 1958

20. UNDERTAKER J. A. Childs ADDRESS Bloomfield, 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.

