AUG 29 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Scott
Township:
City: Diehlstadt (No. ..... St. ..... Ward)

Registration District No. 818
Primary Registration District No. 8712

File No. 26117
Registered No. 49

2. FULL NAME: Mrs. Mellie Ellen Griffith

(a) Residence. No. Diehlstadt Mo St. R.F.D. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: R. N. Griffith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May-24-1857

7. AGE: Years 71 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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): Frederick Town
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Jonathan Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Penn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

14. INFORMANT: Fannie Miller
(Address): Diehlstadt Mo

15. Filed: July 21 1928 F. E. Uhrmann, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/20 7 P.M. 1928

17. I HEREBY CERTIFY, That I attended deceased from July 18 1928, to July 20 1928, that I last saw her alive on July 18 1928, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF?
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. P. Daughtry, M. D.
, 19 (Address) Bertrand 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: Oak Grove Cemetery
DATE OF BURIAL: 7/21 1928

20. UNDERTAKER: The Lair Undt Co - 4 Lair
ADDRESS: Charleston 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.

[illegible] WITH CONTRADING INK—THIS IS A PERMANENT RECORD

Dr. Daughtrey