

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

Do not use this space.

10144

APR 24 1929

PLACE OF DEATH

County Douglas
Township Clay
City (No.) St. Ward)

Registration District No. 280
Primary Registration District No. 5390

File No.
Registered No. 2

2. FULL NAME Rebecca Jane Griswold
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonso D. Griswold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18, 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(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) Ind

10. NAME OF FATHER Joseph Gill

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

12. MAIDEN NAME OF MOTHER Whitehead

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

14. INFORMANT Mrs G. B. Trayer
(Address) Norwood - Missouri

15. FILED 4/25/29 70th St. Louis
by T. B. Bouldin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Old age
8 1/2 D
16 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY Right form of Paralysis
(SECONDARY) (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. B. Little, M. D.
19 (Address) Norwood 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 Littleton Iowa DATE OF BURIAL 3/25-1929

20. UNDERTAKER Ella J. Bouldin ADDRESS Norwood 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.

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