JUN 24 1929

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

Do not use this space.

17251

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. 134
Registered No. .....

2. FULL NAME: Barbara E. Griggs
(a) Residence. No. Hollis St., 1 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Griggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July, 27-1865

7. AGE: YEARS 63 MONTHS 9 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Missouri

PARENTS
10. NAME OF FATHER: Wm H Cundiff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mariah Adkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: John Griggs
(Address): Columbia Mo.

15. FILED 5-24, 1929 Beatrice Grubb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1929, to 5-16-, 1929 that I last saw her alive on 5-16-, 1929, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A Primary
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 107A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. P. Dyson, M. D.
5/20, 1929 (Address) Columbia, 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: Johnson Cemetery
DATE OF BURIAL: 5-19, 1929

20. UNDERTAKER: W. T. Vandeventer
ADDRESS: Columbia Mo.