

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.

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

Do not use this space.

22038

1. PLACE OF DEATH

County Madison
 Township St Michael
 City.....

Registration District No. 030
 Primary Registration District No. 5723

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME Katherine Jane 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 6-1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>6</u>	<u>2</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home child
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Otto Griffith

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

12. MAIDEN NAME OF MOTHER Virginia Dorsey

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

14. INFORMANT Mrs. Otto Griffith
(Address) Mill Creek Mo

15. Filed 6 20 19 29 O. H. Deaver REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1929, to June 30, 1929, that I last saw him/her alive on June 30, 1929, and that death occurred, on the date stated above, at 4:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis + pneumonia
130

CONTRIBUTORY (SECONDARY) 160

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) O. H. Deaver, M. D.
, 10 (Address) Fredricktown 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 Poplar Bluff Mo DATE OF BURIAL 7/2 1929

20. UNDERTAKER Ed. H. Webb ADDRESS Fredricktown Mo

