

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

Do not use this space.

32007

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp..... Primary Registration District No. 100th
 City St. Louis (No. 1428 N. 15th) St. 15th Ward

File No. 9037
 Registered No. 9037

2. FULL NAME

Willie Griffin
 (a) Residence. No. 1428 N. 15th St. 25 Ward. (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 Negro
5. SINGLE-MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1900
7. AGE YEARS MONTHS DAYS about 29
 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) (STATE OR COUNTRY) Tennessee
10. NAME OF FATHER Will Hurt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lulu Gill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Rosie Picton
 (Address) 1124 N. 24th St

15. FILED SEP 7 1929 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1929
17. HEREBY CERTIFY, That I attended a deceased from July 16, 1929 to Sept 7, 1929
 that I last saw him alive on Sept 1, 1929 and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Gastritis catarrhal
118C
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Starvation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
20. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
 (Signed) J.P. Curtis, M. D.
9-3, 1929 (Address) 615 N. 2nd St

*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 Greenwood **DATE OF BURIAL** 9/7 1929
20. UNDERTAKER W. Russell **ADDRESS** 2732 Pine St

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