

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

Do not use this space.

26727

1. PLACE OF DEATH

County Jackson
Township Ray
City Kansas City (No. Research Hosp.)

Registration District No. 399
Primary Registration District No. 1893

File No. 3844
Registered No. 3994
St. W.B. Ward

2. FULL NAME

Martha H. Griffith
(a) Residence. No. 6 Ellis Kans. St. W.B. 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 m 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 May Griffith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
62 10 3

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

10. NAME OF FATHER Edward Griffith

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

12. MAIDEN NAME OF MOTHER Harriet Cornish

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

14. INFORMANT (Address) Mrs May Griffith
6 Ellis Kans.

15. FILED 8/11 1930 M. M. Crowe
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1930, to Aug 10, 1930, that I last saw h. alive on Aug 10, 1930, and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably cerebral hemorrhage
1270
930 (duration) yrs. mos. ds. 7 hours
42A Cholelithiasis my. cordis

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

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 7 1930

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Harriet Cornish M. D.

(Address) 734 Anger

*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 DATE OF BURIAL
Ellis Kansas Aug 11 1930

20. UNDERTAKER ADDRESS
S. H. Newcomer's Douglas

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.

WHITE LABEL, WITH ENGRAVING NUMBER IS A PERMANENT RECORD

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