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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 33139

Township Blue — Primary Registration District No. 0002 — Registered No. 4072

City ~~Leeds~~ K.C. (No. T.B. Hospital Leeds St. Ward)

2. FULL NAME Griffin, Katherine Reeves

(a) Residence. No. 1008 Troost 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	20	8	2	

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) Texas

PARENTS
10. NAME OF FATHER Reeves George
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Perry Melissa
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT K.C.T.B. Hospital
(Address) Leeds Mo.

15. FILED 10/28, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-24-1930

17. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1930, to 10-24-, 1930 that I last saw her alive on 10-24-, 1930, and that death occurred, on the date stated above, at 1:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
TSB
(duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) Edwin Hfer, M. D.
Oct 27, 1930 (Address) 1820 Vine at K.C. 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	DATE OF BURIAL
Highland Cem.	10/28 1930.
20. UNDERTAKER	**ADDRESS**
Watkins Bros	1729 Lydia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Lee, Roberts,