NOV 26 1930

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

Do not use this space.

33551

1. PLACE OF DEATH

County: Marion
Township: Fabius
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 550
Primary Registration District No. 5743

File No. .....
Registered No. 7

2. FULL NAME Mary Catherine Griesbaum

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 16, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Iowa

PARENTS

10. NAME OF FATHER: Jacob Brandt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER: Mary Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylania

14. INFORMANT: George Griesbaum
(Address) Taylor, Mo.

15. FILED Oct 4 1930 J B McPike REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Oct 11th, 1930, that I last saw her alive on Oct 6th, 1930, and that death occurred, on the date stated above, at 5 O'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Apoplexy (Stroke)
82A
102 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypertension & Nephritis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory Tests

(Signed) Dr. L. E. Carr, M.D.O.
, 19 (Address) La Grange, 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: Greenwood Cemetery
DATE OF BURIAL: 10/13 1930

20. UNDERTAKER: Lewis Bros
ADDRESS: Palmyra, Mo

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.