

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

Do not use this space.

34933

File No. _____
Registered No. 10332
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 31
Township _____ Primary Registration District No. 003
City Saint Louis Mo. (No. 3400 & Laclede Ave.)

2. FULL NAME Anna Griswold

(a) Residence No. 3400 & Laclede Ave. St. 18 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 <u>Female</u> | 4. COLOR OR RACE <u>Col</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Griswold</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 17, 1885</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>42</u> | <u>14</u> | <u>12</u> | |
| 8. OCCUPATION OF DECEASED | | | | |
| (a) Trade, profession, or particular kind of work <u>Housework</u> | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) <u>Housework</u> | | | | |
| (c) Name of employer | | | | |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock Ark.</u> | | | | |
| PARENTS | 10. NAME OF FATHER <u>Lewis Evans</u> | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u> | | | |
| | 12. MAIDEN NAME OF MOTHER <u>Anna Davis</u> | | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock Arkansas</u> | | | | |
| 14. INFORMANT <u>Loise Lawson</u> (Address) <u>4337 Cate Boulevard</u> | | | | |
| 15. FILED <u>31</u> 19 <u>30</u> <u>May C. H. H. H.</u> REGISTRAR | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 29 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/28, 1930, to 10/29, 1930 that I last saw her alive on 10-29-1930, and that death occurred, on the date stated above, at 9:00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
lobar Pneumonia
102

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) L. Combs, M. D.
, 19 (Address) 2803 Pine

*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 Washington Park DATE OF BURIAL Nov. 1 1930

20. UNDERTAKER Charles J. Gates ADDRESS 4107 Spruce

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

