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

Do not use this space.

40041

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Macon — Registration District No. 527

Township: ..... — Primary Registration District No. ~~4703~~ 4313

City: Bevier (No. ..... St. ..... Ward)

JAN 20 1931

2. FULL NAME: Murril Griswold

(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.

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.

WRITE PLAINLY with pen and ink.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jas. Griswold

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10 - 1890

7. AGE: Years 40 | Months 7 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Bevier
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Sidney Jones

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

12. MAIDEN NAME OF MOTHER: Mary J Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Kentucky

14. INFORMANT: A. R. Jones
(Address): Callao Mo.

15. FILED 12/24, 1930 Dave J. Edwards, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Dec 24, 1930, that I last saw he alive on never, 19....., and that death occurred, on the date stated above, at 11:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 167

Suicidal

By gun-shot blowing upper 1/3 of head off (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 170

(duration) ..... 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? Phys. Exam.

(Signed) W. Walker, M. D. Coroner

Dec 24, 1930 (Address) Callao 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: Bevier Mo — DATE OF BURIAL: 12/26 1930

20. UNDERTAKER: Dave J. Edwards — ADDRESS: Bevier Mo