

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

Do not use this space.

22467

1. PLACE OF DEATH  
 County Randolph Registration District No. 732  
 Township Summit Primary Registration District No. 5966  
 City Hopkiss St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Pauline Ferrill  
 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18 - 1944

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

FATHER  
 13. NAME Edwin Griffey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Bettie Cockrell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Mike O'Leary  
Hopkiss Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Hopkiss Mo  
Newton Cemetery June 3 1931

19. UNDERTAKER (ADDRESS) Burton & Meares  
Hopkiss Mo

20. FILED 6-3-1931 C. F. Burchhalter  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1931

22. I HEREBY CERTIFY That I attended deceased from April 16 1931, to June 1 1931  
 I last saw her alive on June 31 1931 Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 131  
131  
 Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Quinn M. D.  
 (Address) Hopkiss Mo

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.

MARON RESERVED FOR BINDING

U. S. NO. 2.

JUN 29 1931

