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

Do not use this space.

34588

File No. 4507

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 396

Township Kaw — Primary Registration District No. 1033

City Kansas City (No. 2701 East 22nd St. Ward)

2. FULL NAME Fannie Angeline Griffith

(a) Residence. No. 2701 East 22nd St., 11 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	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Smallwood Fitcher

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

12. MAIDEN NAME OF MOTHER Angeline Noland

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

14. INFORMANT Miss Jessie L. Griffith
(Address) 2701 E. 22nd St

15. FILED Oct 1, 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931, to Oct 24, 1931, that I last saw her alive on Oct 22, 1931, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia secondary
131 Ch. nephritis
92
97 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile dementia (Cerebral Softening) (duration) yrs. 6 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

(Signed) Ernest F. Robinson, M. D.

, 19 (Address) 928 Prof. Bld.

*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
Mt. Washington Cem	10-26 1931
20. UNDERTAKER	**ADDRESS**
Shue & McClure	3235 Gillham Plaza

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.

THIS IS A PERMANENT RECORD

Professional Bldg.
12-1:30