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

Do not use this space.

40656 Barnes

File No. 869

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 290

City Springfield Mo. 2015 N. Oakland St. ..... Ward)

2. FULL NAME Mrs Bertha Griffith

(a) Residence. No. 2015 N. Oakland St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	9	29	

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

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

PARENTS

10. NAME OF FATHER Chas. Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Robert Griffith
(Address) 2015 N. Oakland

15. FILED 12-14 1931 Ron Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931 to Dec 13, 1931 that I last saw her alive on Dec 13, 1931, and that death occurred, on the date stated above, at 11:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A

109A Pneumonia Bronchial

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S W Barnes, M. D.

12-14, 1931 (Address) Spfld 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 Clear Creek — DATE OF BURIAL Dec 15 1931

20. UNDERTAKER Alma Lakmeyer Funeral Home — ADDRESS 534 St. Louis

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.