

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

Do not use this space.

970

1. PLACE OF DEATH  
 County Jackson Registration District No. 329 File No. 8  
 Township Kaw Primary Registration District No. 1001 Registered No. 8  
 City Kansas City (No. Menorah Hospital) St. Mo. Ward 8

2. FULL NAME Sarah M. Griffith  
 (a) Residence, No. 809 W. Lexington St. Mo. Ward Independence, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer 255

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Bolt & Nut Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1931 11. Total time (years) spent in this occupation 3 1/2

12. BIRTHPLACE (CITY OR TOWN) Independence 1  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME F. E. Griffith  
 14. BIRTHPLACE (CITY OR TOWN) Unknown 28  
 (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Dora L. Murdock  
 16. BIRTHPLACE (CITY OR TOWN) Pittsburgh  
 (STATE OR COUNTRY) Penn.

17. INFORMANT Mrs. Dora L. Luckenbill  
 (ADDRESS) 809 W. Lexington, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE Jan. 4, 1932

19. UNDERTAKER H. W. Stahl.  
 (ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED Jan. 3 19 32 M. M. Crown  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1932 '19

22. I HEREBY CERTIFY That I attended deceased from Aug 8. 19 31, to Jan 2 19 32  
 I last saw her alive on Jan 1 19 32 Death is said to have occurred on the date stated above, at 3:25A m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia  
Pericarditis exudative  
108  
903  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_ (Signed) D. M. D.  
 (Address) 1610 P. P. 107

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

48  
190

