

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.

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

Do not use this space.

6301

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City Lebanon (No. ....) St. .... Ward)

File No. ....  
Registered No. 1332

**2. FULL NAME** Mary A. Griffin

(a) Residence, No. 6464 Marshall Drake St., 3 Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-26-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>81</u>	<u>9</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Brantford, Ontario

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) J. A. Griffin  
1642 Marshall Drake St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Neb. DATE Feb. 12 1932

19. UNDERTAKER (ADDRESS) Charles A. Hoffmeister  
4016 Charlotte St.

20. FILED 55 10 1932 W. C. Starker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1932, to 2-9, 1932

I last saw him alive on 2-9, 1932. Death is said to have occurred on the date stated above, at 11:09 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy.  
82A  
77  
82A  
Other contributory causes of importance:  
Atherosclerosis

Name of operation none Date of .....

What test confirmed diagnosis? none 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) J. T. Over M. D.  
(Address) 12819 Kansas St.  
St. Louis, Mo.

12