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.

SEP 24 1932

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

Do not use this space.

26765

1. PLACE OF DEATH

64 County Marion — Registration District No. 548.

Township Fabius — Primary Registration District No. 5743.

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 52

2. FULL NAME Mary Elizabeth Griep

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

Length of residence in city or town where death occurred 17 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 Henry John Griep

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	0	2	

OCCUPATION

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. 23 5

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) Adams County Illinois 2

FATHER

13. NAME Nicholas Merker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County Illinois 8

MOTHER

15. MAIDEN NAME Elizabeth Voth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Henry Griep Taylor, Missouri

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo

PLACE Greenwood Cemetery DATE 8/24/32, 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED Aug. 24th 1932 Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932, to Aug 21, 1932

I last saw her alive on Aug 21, 1932 Death is said to have occurred on the date stated above, at 5:a.m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... 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? No

If so, specify .....

(Signed) Francis D. Wolfe, M. D.

(Address) Palmyra