

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

Do not use this space.

40262  
F9

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Jasper Primary Registration District No. 2009 File No. \_\_\_\_\_  
 City Jasper (No. \_\_\_\_\_) St. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 404 Moffet 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16-1877</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>As wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>" 235</u>	
	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) <u>probably</u>		
MOTHER	13. NAME <u>Andrew Safford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Northfield</u>	
	15. MAIDEN NAME <u>Virginia Staba</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredricksburg</u>	
17. INFORMANT <u>Wm. E. Griggs</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>St. Hope</u>	DATE <u>Dec. 28, 1932</u>
19. UNDERTAKER (ADDRESS) <u>Frank Sievers &amp; Co. Jasper, Mo.</u>		
20. FILED <u>16/30</u> 19 <u>32</u> <u>Olson Clark</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932 to Dec 28, 1932  
 I last saw him alive on Dec 28, 1932 Death is said to have occurred on the date stated above, at 3:20 am  
 The principal cause of death and related causes of importance were as follows:  
Cerebral thrombosis with pulmonary embolism Date of onset 12/28/32  
94 14 B  
 Other contributory causes of importance Cerebral sclerosis S  
 (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Laboratory 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. E. Griggs, M. D.  
 (Address) Jasper, Mo.

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.

JAN 24 1933

