

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

*Carlisle*  
Do not use this space.

8781

**1. PLACE OF DEATH**

80 County Pitts Registration District No. 668  
4 Township Sudala Primary Registration District No. 3032  
City Sudala (No. 320 on Brownway St. 49 Ward)

**2. FULL NAME**

(a) Residence, No. 320 W. Brown St., 49 Ward.  
(Usual place of abode) (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bess Griffith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>4</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>Retired</u>	11. Total time (years) spent in this occupation <u>131</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>131</u>
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>		
MOTHER FATHER	13. NAME <u>Thos. Griffith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eng.</u>	
	15. MAIDEN NAME <u>Eliz. Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>n. y.</u>	
17. INFORMANT <u>Mrs. P. W. Griffith</u> (ADDRESS) <u>Sudala Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>2/11</u> 19 <u>33</u>		
19. UNDERTAKER <u>Gregoria Funil Home</u> (ADDRESS) <u>Sudala Mo</u>		
20. FILED <u>2-10</u> 19 <u>33</u> <u>J. J. Love</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932, to Feb 9 1933  
I last saw him alive on 2-9 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chc Myocarditis  
Chc Interstitial Nephritis with ascites  
Date of onset ?

Other contributory causes of importance:  
Chc Interstitial Nephritis with ascites 6 mo

Name of operation none Date of           
What test confirmed diagnosis? Funduscopy 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) J. N. B. Carlisle M. D.  
(Address) 314 So. W. Sudala 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.

