

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

Do not use this space.

9646

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1003
 City Kansas City (No. 311 East 43rd St St. _____ Ward _____)

2. FULL NAME Annabel Durland Griffith
 (a) Residence, No. 311 East 43rd St., _____ 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.

File No. _____
 Registered No. 1249

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. E. Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) St. John
 (STATE OR COUNTRY) New Brunswick, D of C

13. NAME J. N. Durland
 14. BIRTHPLACE (CITY OR TOWN) Halifax
 (STATE OR COUNTRY) Nova Scotia, D. of C.

15. MAIDEN NAME Cosgrove
 16. BIRTHPLACE (CITY OR TOWN) Nova Scotia, D. of C.
 (STATE OR COUNTRY)

17. INFORMANT T. E. Griffith
 (ADDRESS) 311 East 43rd St

18. BURIAL, CREMATION, OR REMOVAL PLACE In mausoleum
 Mr. Worship Cemetery at DATE 3-16 1933

19. UNDERTAKER Stine + McClure
 (ADDRESS) 3235 Buchanan Place

20. FILED 3/15 1933 M. M. Carole
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1933
 22. I HEREBY CERTIFY, That I attended deceased from FEB 26 1933 to MARCH 14 1933
 I last saw her alive on MARCH 14 1933. Death is said to have occurred on the date stated above, at P. m. 11:25
 The principal cause of death and related causes of importance were as follows:

ACUTE UREMIA Date of onset 3-12-33

Other contributory causes of importance:
General Sclerotic Arterial Sclerosis
Chronic Interstitial Nephritis
Secondary Anemia

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. 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. Herman J. O'Brien, M. D.
 (Address) 626 Rathrop Bldg K.C. Mo

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

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Salmon Falls 1005 Bond
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THE STATE OF MICHIGAN

DEPARTMENT OF

LANDS AND MINES

LAND OFFICE

RECEIVED

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STATE OF MICHIGAN

DEPARTMENT OF

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