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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo (No. 1028 Cherry St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 9805
Registered No. 1409

2. FULL NAME Mattie Elizabeth Griffith
(a) Residence, No. 1028 Cherry 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert F. Griffith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1891
7. AGE YEARS 41 MONTHS 10 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
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) Mo

FATHER
13. NAME Robert Whitworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mr. Alford Public Administrator
(ADDRESS) Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph Mo. DATE Mch. 1933
19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn Ave.
20. FILED Mch 26, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch - 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar - 13 - 1933, to Mar - 25 - 1933
I last saw her alive on Mar - 24 - 1933. Death is said to have occurred on the date stated above, at 5 20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-12-33
108 108	

Other contributory causes of importance:
Same

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? .....
If so, specify .....
(Signed) H E Songer, M. D.
(Address) 4525 Prospect Ave

Dr. Songer