

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

Do not use this space.

13032

1. PLACE OF DEATH  
 County Hundy Registration District No. 330  
 Township Dreton Primary Registration District No. 3017  
 City Dreton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Griffin  
 (a) Residence, No. 1261 E. 13 Ct. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
6A. HUSBAND, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Dennis Griffin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16, 1842</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>7</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>		
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) <u>Ireland</u>		
13. NAME <u>Dart Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Dart Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Rose Griffin</u> (ADDRESS) <u>Dreton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cem</u> DATE <u>Apr. 18</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Shippois Funeral</u> (ADDRESS) <u>Dreton, Mo</u>		
20. FILED <u>18 Apr</u> , 19 <u>33</u> <u>E A Duffy</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to April 15, 1933  
 I last saw h. alive on April 14, 1933 Death is said to have occurred on the date stated above, at 7:45 am.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis with Cardiac Dilatation Date of onset Apr 1-33  
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 Other contributory causes of importance:  
Arteriosclerosis & Chronic Nephritis Nov 32

Name of operation NONE Date of \_\_\_\_\_  
 What test confirmed diagnosis? Microscopic & cultures 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) E A Duffy, M. D.  
 (Address) Dreton, 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.

RESERVED FOR BIRTH

