

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

Do not use this space.

13289

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Hannibal City (No. 309<sup>th</sup> E. Irving)

File No. \_\_\_\_\_  
Registered No. 1621  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Evelyn Mae Griffin

(a) Residence, No. 309<sup>th</sup> E. Irving St., \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24-1932</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>3</u>	<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Child</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K. C.</u>		
FATHER	13. NAME <u>Arthur B Griffin</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
	15. MAIDEN NAME <u>Jessie Gibson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Arthur B Griffin</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Mount Zion</u>	DATE <u>4-10-33</u>
19. UNDERTAKER (ADDRESS) <u>W. H. Blackman</u>		
20. FILED <u>4-10-33</u> <u>M. M. Crowe</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 8 1933 to April 9 1933  
I last saw her alive on April 8 1933 Death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
BronchoPneumonia Date of onset Apr 3-33  
7  
107 A  
Other contributory causes of importance: Measles Apr 2-33

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? adventitious Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Not  
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) McLagahan M. D.  
(Address) 900 Washington Park Blvd  
Hannibal City, Mo

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.

RECORD WITH ORDERS THEREIN IS A PERMANENT RECORD

