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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 22419

Township — Primary Registration District No. 1001 — Registered No. 758

City St. Joseph (No. St Joseph Hospital St. Ward)

11 5 9

2. FULL NAME Jennie M Griffin

(a) Residence, No. 2313 south 4 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Marridd

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thos. Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 22, 1862

7. AGE: YEARS 70 — MONTHS 7 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) (STATE OR COUNTRY): St Joseph Missouri

FATHER

13. NAME: Elijah Friend
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Margaret Clardy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

17. INFORMANT (ADDRESS): Thos. Griffin 2313 south 4 st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Mora Cem.
PLACE St Joseph Mo. DATE August 1 1933

19. UNDERTAKER (ADDRESS): H O Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 7 31 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1933, to July 30, 1933
I last saw her alive on 7-30, 1933. Death is said to have occurred on the date stated above, at 8:15 A.m.
The principal cause of death and related causes of importance were as follows:

Acute appendicitis c̄ peritonitis (Refused hospitalization until 7-28-33) — Date of onset 7/21/33

21B 13 129 — 12 | 13

Other contributory causes of importance:
Myocardial degeneration with auricular fibrillation
Chronic interstitial nephritis; arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) S. E. Senor, M. D.
(Address) St. Joseph, Mo.