

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

Do not use this space.

25286

1. PLACE OF DEATH

County ColeRegistration District No. 213Township JeffersonPrimary Registration District No. 2014City Jefferson (No. _____)File No. 182

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mrs. Minnie Griffin

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Clay Griffin5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clay Griffin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-4-18637. AGE YEARS 62 MONTHS 10 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. 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) Callaway County, Mo.13. NAME No.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No.15. MAIDEN NAME Rachel Harris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County, Mo.17. INFORMANT Mrs. S.B. Allison
(ADDRESS) 607 Madison, Jefferson City,18. BURIAL, CREMATION, OR REMOVAL
PLACE Hart Hill Cem DATE Aug-10-193519. UNDERTAKER Thos G. Gordon
(ADDRESS) Jefferson City, Mo.20. FILED 8/30/35
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/3522. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to Aug 9 1935I last saw h. alive on Aug 9, 1933 Death is saidto have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset _____

Other contributory causes of importance Asphyxiation

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) J. Bedford M. D.

(Address) _____

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.

SEP 26 1935

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RECEIVED FOR BINDING

