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

Do not use this space.
34162

1. PLACE OF DEATH
County: Randolph — Registration District No. 735
Township: — Primary Registration District No. 3034
City: Moberly (No. 119 Bedford St. Ward)

File No.
Registered No. 192

2. FULL NAME Olive W. Griswold
(a) Residence, No. 119 Bedford St. Ward. Moberly
(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.

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.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. C Griswald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 27th 1850

7. AGE: Years 83 — Months 8 — Days 13 — 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): Mo

FATHER
13. NAME: Joshua Pritchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Emily Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT: Mrs. G. W. Hanna
(ADDRESS): Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo DATE: 10-12 1933

19. UNDERTAKER: Mahan & Son
(ADDRESS): Moberly. Mo

20. FILED: 10/12 1933 Virginia Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1933, to Oct 10, 1933
I last saw her alive on Oct 9, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Senility	About 6 mos.

Other contributory causes of importance:

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) E. R. Hickerson, M. D.
(Address) Moberly Mo