

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

Do not use this space.

**FEB 27 1934**  
80C

**1. PLACE OF DEATH**

County Scott  
Township Waverly  
City Marley (No. ....)

Registration District No. 819  
Primary Registration District No. 6068

File No. 3601  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

**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 F. A. Griggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1953

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 2 2.5

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, Sawyer, bookkeeper, etc. Domestic  
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) Oliver County Missouri

FATHER 13. NAME John Wilborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

MOTHER 15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

17. INFORMANT (ADDRESS) W. B. Barnes Marley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marley DATE Jan 15 1934

19. UNDERTAKER (ADDRESS) John Alton Marley, Mo.

20. FILED Feb 2 1934 Mrs. D. D. Harris Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1934, to Jan 14 1934  
Last saw her alive on Jan 14 1934. Death is said to have occurred on the date stated above, at 4:20 m.

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

Influenza IB 1-6-34  
Senility IB

Other contributory causes of importance: Senility

Name of operation ..... Date of .....  
What test confirmed diagnosis? none 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) W. B. Barnes, M. D.  
(Address) Marley, Mo.

