

N. E.—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.

Do not use this space.

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

Dr Kindey
Lakeston
72
MAP 24 1934

1. PLACE OF DEATH

County New Madrid Registration District No. 567
Township John Primary Registration District No. 5803
City (No. _____) St. _____ Ward _____

File No. 5884
Registered No. 9

2. FULL NAME

Edna Griffith

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. C. Griffith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1880 - 1898</u>				
7. AGE	YEARS <u>36</u>	MONTHS <u>4</u>	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</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)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>			
	FATHER	13. NAME <u>John Greenville</u>		
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>		
	15. MAIDEN NAME <u>unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
17. INFORMANT (ADDRESS) <u>Edna Griffith</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elwood</u> DATE <u>2/14</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>Travis Shelby</u>				
20. FILED <u>2-12</u> 19 <u>34</u> <u>Duff M. Hodges</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12th 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1934, to 2-11-34, 1934. I last saw her alive on 2-11-34, 1934. Death is said to have occurred on the date stated above, at 10:30 P.. The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset _____
following influenza
at 5 mos.
Other contributory causes of importance: _____
56 140

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Howard Kindey, M. D.
(Address) Lakeston Mo.

Grand Over, Ill.

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