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

Do not use this space. 8877

File No. 1065

Registered No.

APR 25 1934

1. PLACE OF DEATH
County JACKSON Registration District No. 3
Township KAW Primary Registration District No. 3
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME MISS ADA GRISWOLD
(a) Residence, No. 1212 - EAST - 41 ST 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*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE: ABOUT 45 — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) HUDSON
(STATE OR COUNTRY) NEW YORK

FATHER
13. NAME HIRAM GRISWOLD
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME HANNAH WOODWARD
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) NEW YORK

17. INFORMANT MISS MARY GRISWOLD
(ADDRESS) 1212 - EAST - 41 ST ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE Mch 9th 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 - EAST - 9TH ST.

20. FILED Mch 7, 1934 M. M. Grove
Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH - 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1934, to March 6th, 1934
I last saw h. alive on March 6th, 1934 Death is said to have occurred on the date stated above, at 1:45 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ENDOCARDITIS Chronic	
Post	
13	

Other contributory causes of importance:
SUBTERRANEAN INFARCT OF RIGHT LUNG
CYSTITIS

Name of operation Date of
What test confirmed diagnosis? AUTOPSY 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) Joseph Bateleon, M. D.
(Address) 1219 Realty Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1220 - Rialto Bldg.
11:30-7