

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.

APR 25 1934

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

Do not use this space.

PLACE OF DEATH

County St. Louis Registration District No. 1160  
Township Central Primary Registration District No. 4470  
City University City (No. 150 Linden Ave)

File No. 11481  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eliza Bell Griswold  
(a) Residence, No. 150 Linden Ave Ward \_\_\_\_\_

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30 1885

7. AGE YEARS 47 MONTHS 6 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Waybridge Vermont

13. NAME Amos Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waybridge Vermont

15. MAIDEN NAME Adeline Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT (ADDRESS) Julia B. Griswold 150 Linden Ave. St. L.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. Gray DATE Mar. 13 1934

19. UNDERTAKER (ADDRESS) Wagoner 3621 Olive St.

20. FILED Mar. 13 1934 Anna V. Kaelin Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to March 12, 1934. I last saw him alive on March 12, 1934. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cerebral Hemorrhage Date of onset March 12 34

Other contributory causes of importance: Stenocardia Hypertension

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) M. E. Jones M. D.

(Address) 2000 Olive St.

Mr. W. E. Jones