

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

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.

AUG 21 1934

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

Do not use this space.

24822

1. PLACE OF DEATH

County Jackson
Township Howe
City Kansas City (No. 918)

Registration District No. 389
Primary Registration District No. Chestnut

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 918 Chestnut 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) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 57

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) Maryville Missouri

13. NAME Frank Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

15. MAIDEN NAME Rosetta Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

17. INFORMANT (ADDRESS) William A. Freil 918 Chestnut St. E. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE July 26, 1934

19. UNDERTAKER (ADDRESS) Daniels Bros 644 Kansas Ave. E. Mo

20. FILED 7-25-34 m m. Kerow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from 6-22, 1934, to 7-24, 1934. I last saw her alive on 7-24, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cerebral Hemorrhage Date of onset 3 yrs
Arterio Sclerosis
92A
91
92a

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Obv 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) H. Connolly Registrar M. D.
(Address) 6520 Independence Ave

W. S. W. Anderson

652 Chicago, California
Oct. 10, 1956