

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

Do not use this space.

SEP 20 1934

29359

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City (No. 3334 East 11th) St. _____ Ward _____

File No. _____
 Registered No. 3160
 St. _____ Ward _____

2. FULL NAME

Florence Fisher Griffith

(a) Residence, No. 3334 East 11th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel A. Griffith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>3</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>At home</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME George T. Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Margaret Griffin

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

17. INFORMANT (ADDRESS) D. Raymond Griffith
3334 East 11th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 8/13 1934

19. UNDERTAKER (ADDRESS) St. Louis, Mo.
3235 Williams Plaza

20. FILED 8/12 1934 M. M. Cowan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933 to Aug 10, 1934
 I last saw him alive on Aug 10, 1934. Death is said to have occurred on the date stated above, at P. 5:45 m.
 The principal cause of death and related causes of importance were as follows:

Uremia
Chronic interstitial nephritis
Senility
 Date of onset 8-6-34

Name of operation None Date of operation _____
 What test confirmed diagnosis? Chemical 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) Chas. Switzer M. D.
 (Address) 815 Angyle Bldg Kansas City Mo

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.

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