

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

Do not use this space.

APR 26 1935

11608

**1. PLACE OF DEATH**

109 County Shelby  
Township Shelby  
City Shelby MO (No.       )

Registration District No. 830  
Primary Registration District No. 45023

File No.         
Registered No. 16  
St.        Ward       

**2. FULL NAME**

(a) Residence, No.        Shelby St., MO, 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic  
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) Ind.

MOTHER FATHER 13. NAME James Griffin

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

MOTHER 15. MAIDEN NAME Sylvia Young

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

17. INFORMANT LeBarb Griffin (ADDRESS) Shelby MO

18. BURIAL, CREMATION, OR REMOVAL (HUNNELL MO) PLACE Shelby MO DATE Mar 25 1935

19. UNDERTAKER Ernest Kivan (ADDRESS) Shelby MO

20. FILED March 24 1935 Mrs. R.H. Wacker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1935, to Mar 23, 1935

I last saw him alive on Mar 23, 1935. Death is said to have occurred on the date stated above, at 9:00 P. M.

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

Broncho Pneumonia  
Arterio Sclerosis  
1010

Other contributory causes of importance:

Name of operation Nothing Date of       

What test confirmed diagnosis Nothing 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) J. A. Farnish, M. D.  
(Address) Shelby MO

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.

