

JUN 25 1935

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

Do not use this space.

17129

1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3019  
City Hannibal (No. Revering Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 162

2. FULL NAME Rosa Nell Griffith

(a) Residence, No. 914 Hill St. \_\_\_\_\_ 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 <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>John D Griffith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1867</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>7</u> If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	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) <u>McLean County Illinois</u>		
FATHER	13. NAME <u>Daniel Poreless</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>May Jane Warford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. E. A. Broesman</u> (ADDRESS) <u>Hannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olive</u> DATE <u>May 29, 1935</u>		
19. UNDERTAKER <u>Zou M Smith</u> (ADDRESS) <u>Hannibal, Mo</u>		
20. FILED <u>May 27, 1935</u> <u>C. H. Foster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May - 22nd, 1935 to May 25 - 1935  
I last saw her alive on May - 25, 1935 Death is said to have occurred on the date stated above, at 3:15 P.  
The principal cause of death and related causes of importance were as follows:  
Uremia  
17/1  
5/23/35

Other contributory causes of importance:  
Chronic nephritis over a period of past 20 years. = Uremia.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? Yes  
If so, specify \_\_\_\_\_  
(Signed) A. H. Patton, M. D.  
(Address) Hannibal - 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.

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

