

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.

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

Do not use this space.

JUN 12 1935

1. PLACE OF DEATH St. Mary's Infirmary

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 1536), Papin St. Ward)

18013
File No. 4333
Registered No.
St. Ward)

2. FULL NAME Josie Griffin

(a) Residence, No. 3817 Olive St., 19 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlie Griffin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 21, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>4</u>
	DAYS <u>17</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>Housework</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 <u>Unk.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville, Mississippi</u>		
FATHER	13. NAME <u>John Gateswood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Lizzie Washington</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milwaukee, Wisconsin</u>	
17. INFORMANT (ADDRESS) <u>Bennie Lewis, 3817 Olive Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenville, Miss</u> DATE <u>May 12/1935</u>		
19. UNDERTAKER (ADDRESS) <u>Charles J. Datto, 1401 Piney Avenue</u> PHI <u>14 1935</u>		
20. FILED <u>19</u> <u>J. J. Brebeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 193522. I HEREBY CERTIFY, That I attended deceased from March 27, 1935, to May 8, 1935I last saw her alive on May 8, 1935. Death is saidto have occurred on the date stated above, at 10:20 P.M.

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

Date of onset

Chronic Myocarditis
Carcinoma of Stomach

Other contributory causes of importance:

Hypertension
Athema

Name of operation..... 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) James P. Jackson, M. D.(Address) 1535 Papin St.

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