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.

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

MAR 17 1936

Do not use this space.

4895

1. PLACE OF DEATH
County Camden
Township Osage
City Camdenton (No. ..... St. ..... Ward)

Registration District No. 117
Primary Registration District No. 5167

File No. 8
Registered No. .....

2. FULL NAME Emma J. Griffith
(a) Residence, No. near Camdenton Mo. St., ... Ward. .....
(Usual place of abode) more than (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/16-1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Camden County Missouri

FATHER
13. NAME Jas. R. Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Elizabeth Leap
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

17. INFORMANT (ADDRESS) Thos. Griffith Camdenton Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Myetta Cemetery DATE 2/27 1936

19. UNDERTAKER (ADDRESS) L. King Linn Creek Mo.

20. FILED Mar 10, 1936 Lizzie Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1936, to Feby 23, 1936
I last saw her alive on Feby 23, 1936. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia. Date of onset 2/12/36

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Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Physical examination 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) P. Thompson, M. D.
(Address) Lebanon, Mo.