

MAY 18 1936

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

Do not use this space.

14170

1. PLACE OF DEATH

County BUCHANAN
Township
City ST. JOSEPH (No. 615, SYCAMORE)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 569
St. _____ Ward _____

2. FULL NAME BETTIE GRISSOM

(a) Residence, No. 615 SYCAMORE 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 FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Data deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (CITY OR TOWN) Middletown Ky
(STATE OR COUNTRY)

13. NAME Stoke Matley Ky

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

15. MAIDEN NAME Milley Wheatley Ky

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

17. INFORMANT Mrs. Mable Pannal
(ADDRESS) Los Angeles Cal.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ASHLAND CELESTINE DATE APRI. 16 / 1936

19. UNDERTAKER RAISEYS MORTUARY
(ADDRESS) 9th & Olive sts

20. FILED 4-16, 1936 John H. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13 1935 to april 10 1936

I last saw h. w. alive on april 10, 1936 Death is said to have occurred on the date stated above, at 2:30 a. m.

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

mitral Regurgitation
Aschemia
Severe
monitory

Other contributory causes of importance

Name of operation clinical 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) Leontina Gundersen, M. D.
(Address) 2614 W. W. Ave

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.

