

JUN 22 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19243

1. PLACE OF DEATH

County Henry
 Township.....
 City..... (No.)

Registration District No.....

Primary Registration District No.....

File No.....

Registered No.....

St. Ward)

2. FULL NAME

(a) Residence, No. 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 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) 1

7. AGE YEARS 9 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Henry Co (STATE OR COUNTRY) Missouri

13. NAME Carl Gregg

14. BIRTHPLACE (CITY OR TOWN) Carl's Census (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mildred Benson

16. BIRTHPLACE (CITY OR TOWN) Henry Co (STATE OR COUNTRY) Missouri

17. INFORMANT Carl Gregg (ADDRESS) West 12th St. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from May 2, 1936, to May 2, 1936

I last saw her alive on May 2, 1936 Death is saidto have occurred on the date stated above, at 11:00 a.m.

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

Spontaneous and
thrombotic

Date of onset

Other contributory causes of importance: 1/2!Name of operation Spontaneous Date of May 2What test confirmed diagnosis? Was there an autopsy? 36

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) Charles M. Griffiths M. D.(Address) Harmonville, Mo

UNFADING INK---THIS IS A

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.

5-20474-1

1. What is the purpose of the document?

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry
 Township White Oak
 City (No.)

Registration District No. 247
 Primary Registration District No. 3495

File No.
 Registered No.
 St. Ward

2. FULL NAME

Natalie Grigg

(a) Residence, No. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ☐

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day or less than 1 hr. or less than 1 min.
8 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
 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) Henry Co Mo

13. NAME Earl Grigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

15. MAIDEN NAME Mildred Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Earl Grigg

18. BURIAL, CREMATION, OR REMOVAL PLACE Grigg Cemetery DATE May 3 - 1936

19. UNDERTAKER (ADDRESS) Smith & Graham

20. FILED 9-21 1936 J. B. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 2, 1936

Had seen her alive on May 2, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

appendicitis and
general peritonitis

Other contributory causes of importance

Name of operation appendectomy Date of May 2

What test confirmed diagnosis? 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.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar M. Griffith, M. D.

(Address) Harrisonville Mo

S-19243