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.

JUL 18 1936

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

Do not use this space.

22328

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3 a 11 — Registered No.

City Excelsior Springs, Mo. (No. Veterand Administration Facility St. 3rd Ward)

2. FULL NAME GRIEP, Emma

(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. (Usual place of abode) — Excelsior Spings, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 29 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) 1884-5-16

7. AGE: YEARS 52 — MONTHS — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County Iowa

FATHER

13. NAME John Griep

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fitzhoff, Germany

MOTHER

15. MAIDEN NAME Caroline Poderwiltz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fitzhoff, Germany

17. INFORMANT (ADDRESS) Hospital Records

18. ~~[illegible]~~ REMOVAL

PLACE Clarence, Iowa DATE 19

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED 6-12-1936 Mrs. Rea McCarlen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, 19.... to June 13, 1936, 19....

I last saw her alive on June 13, 1936. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

	Date of onset
Myocarditis, chronic	??

Other contributory causes of importance: Cardiac hypertrophy, edema lower extremitie Abdominal ascites; hyperemia lungs and liver; nephritis, chronic; arthritis chr. multiple; chr., otitis media, non-supp.

Name of operation None — Date of --

What test confirmed diagnosis? Exam & Obs. 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? --

If so, specify H.C. Hardegree

(Signed) H.C. HARDEGREE, M.D. Clincal Director Veterans Administration Facility

(Address) Excelsior Springs, Missouri.