

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township North
City N. E. Mo (No. 2843 Transt, ave)

Registration District No. 399
Primary Registration District No. 1002

File No. 31004
Registered No. 3803
St. _____ Ward _____

2. FULL NAME

Mary Emeline Griffin

(a) Residence, No. 2843 Transt, ave, _____ 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-20-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
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) Arkansas

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Luey Meinard
Kenner City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 8-18-36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
9718 Greenwood ave

20. FILED 8/17/36 M. M. Grobe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 16 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Feb 3 1936, to 8-16 1936

I last saw her alive on 8-14 1936 Death is said

to have occurred on the date stated above, at 821

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

Carcinoma of Uterus Date of onset 2 yrs

Other contributory causes of importance: Secondary anemia 6 mo

Name of operation none 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) A. J. O'Connell

(Address) 973 Medical Art, Bldg

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