JAN 22 1937

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

Do not use this space.
38533-a

1. PLACE OF DEATH
County Oregon Co. Registration District No. 1143 File No. 10
Township Moore Primary Registration District No. 5845 Registered No.
City Thomasville, Mo. St. Ward)

2. FULL NAME Delia Sophronia Griffith
(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 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Griffith.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29-1872
7. AGE YEARS 64 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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) Oregon Co, Mo.

FATHER
13. NAME Wm. Lashey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Sarah Perkins.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT (ADDRESS) W. J. Griffith. Thomasville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beulah DATE 10-13- 1936

19. UNDERTAKER (ADDRESS) Robertson Mortuary West Plains, Mo

20. FILED Dec 20 1936 Mrs A. O. Roberts
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11- 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 1936 to Oct 11 1936
I last saw her alive on Oct 10 1936 Death is said to have occurred on the date stated above, at 3:40 P. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset Aug 1936
Pyo Nephritis Aug 1936

Other contributory causes of importance:

Name of operation Date of
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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. W. Cooper, M. D.
(Address) Thayer Mo
Dr Cooper Thayer

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.

100M-3-28-35