

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 48248
Township _____ Primary Registration District No. 1001 Registered No. 752
City St. Joseph (No. 5316 South 1st. St. _____ Ward)

2. FULL NAME Teresa Marie Griffin

(a) Residence, No. 5316 South 1st. St. _____ Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1936.</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
IF LESS than 1 day, <u>16</u> hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	11. Total time (years) spent in this occupation.....
	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).....	

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri13. NAME Louis Griffin14. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Hazel Loubey16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri17. INFORMANT Louis Griffin
(ADDRESS) 5316 South 1st. St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL Odd Fellows Cem.
PLACE St. Joseph, Mo. DATE May 28, 193619. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph, Mo.20. FILED May 28, 1936 A. J. Neelbush
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 193622. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to May 28, 1936I last saw her alive on May 27, 1936 Death is said to have occurred on the date stated above, at 12:30 A. M.

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

Bronchial obstruction and atelectasis due to heavy mucus.

Date of onset birth

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis chest x-ray Was there an autopsy? no23. 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) E. J. Grant, M. D.
(Address) St. Joseph, Mo.

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.

