

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lemercier Registration District No. 655 File No. 24515
Township St. George Primary Registration District No. 3872 Registered No. _____
City St. George (No. _____) St. _____ Ward _____

2. FULL NAME

Delia Griggs
(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. 0 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. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-14-1922
7. AGE YEARS 15 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~at home~~
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) Wilderessville
13. NAME C. P. Griggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co
15. MAIDEN NAME Perlie J. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co

17. INFORMANT C. P. Griggs
(ADDRESS) St. George

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Ave DATE 7-3-37

19. UNDERTAKER Freud
(ADDRESS) _____

20. FILED 7/2 1937 J. F. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1937
22. I HEREBY CERTIFY That I attended deceased from About one year, 1936, to 4 min of death, 1937
I last saw her alive on July 1, 1937. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Some nervous disease
that no one could tell
she was examined by different
doctors at Hospital.
Other contributory causes of importance:
no one knows.

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) J. R. Madril, M. D.
(Address) St. George

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.

