

NOV 20 1937

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

38350
Do not use this space.

1. PLACE OF DEATH
 (a) County NEWTON Registration District No. 609
 (b) Township _____ Primary Registration District No. 4313
 (c) City NEOSHO (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME MARY LUCINDA GRIFFIN
 (a) Residence, No. NEOSHO MO St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
 6A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES GRIFFIN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 5 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 5 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 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) North Carolina
 FATHER 13. NAME Wm. BRYSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
 MOTHER 15. MAIDEN NAME Talitha BAUMGARDEN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
 17. INFORMANT GEORGE GRIFFIN
 (ADDRESS) NEOSHO MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE HALE CEM DATE 10-30-37
 19. FUNERAL DIRECTOR Reynolds
 (ADDRESS) Neosho Mo
 20. FILED 10-29-37 Oralaska
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-37
 22. I HEREBY CERTIFY, That I attended deceased from 10-23-37 to 10-24-37, 1937
 I last saw her alive on 10-23-37, 1937 Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Left lobar pneumonia Date of onset _____
 Other contributory causes of importance:
Choriza
Because of religious belief, refused medical aid
 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) Oralaska, M. D.
 (Address) Neosho Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, J.A. Bishop, Licensed Embalmer No. 2689,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Keith Collier

No. 3632 L. E. or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed J.A. Bishop
Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)