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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5582
Township Kansas City — Primary Registration District No. 1002 — Registered No. 598
City ..... (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME Mrs. Edith Olive Griffith 613
(a) Residence, No. Nebraska City, Nebr. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. John H. Griffith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1883
7. AGE: 54 YEARS — MONTHS: 2 — DAYS: 29 — 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) Germany

FATHER
13. NAME Mr. Gustave Marunda
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Heier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. John H. Griffith Nebraska City, Nebr.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nebraska City DATE Feb. 9, 1938
19. UNDERTAKER (ADDRESS) Gates Funeral Home 41st & State Line, Kansas City, Kansas
20. FILED 2/6, 1938 M. M. Onoco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Chronic, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 p m.
The principal cause of death and related causes of importance were as follows:

Automobile traumatism
Fracture of the pelvis
Retroperitoneal hemorrhage
Pulmonary embolism

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/27/38
Where did injury occur? 27th & Troost K. Cew (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Truck struck Motor Car in
Nature of injury Funeral procession

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]