

30 AUG 10 1939

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

24919
Do not use this space.

1. PLACE OF DEATH

(a) County... *Andrew* Registration District No. *912*
(b) Township... *Vandalia* Primary Registration District No. *4550* Registered No. *22*
(c) City... *Vandalia* (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *1213* *Mary G Griffith* St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Walter Griffith*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 21 1881*
7. AGE YEARS *57* MONTHS *7* DAYS *5* If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as 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) *Mt O*
13. NAME *John Heister* *6*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany* *6*
15. MAIDEN NAME *Don't know*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
17. INFORMANT (ADDRESS) *Walter Griffith*
Vandalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE *Lansaud* DATE *8-1-39*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. J. Waters*
Vandalia Mo
20. FILED *Aug 1 1939* *Carrie F. Utterback* 27 (Address) *Vandalia Mo*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30 1939*
22. I HEREBY CERTIFY, That I attended deceased from *May 19* 1939, to *July 30* 1939
I last saw her alive on *July 30* 1939. Death is said to have occurred on the date stated above, at *10 a.m.*
The principal cause of death and related causes of importance were as follows:
Hypertrophic Cirrhosis
Date of onset *12th*
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? *No*
If so, specify _____
(Signed) *W. Reed Alfred* M. D.
(Address) *Vandalia Mo*

K. 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.

450

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RECEIVED

District Health Officer No. 10

District File Number 8-39-1287

Date Filed AUG 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. B. Walms

Licensed Embalmer No. 3351

P. O. Address Vandalia

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.)

If this body is not embalmed, above space should be left blank.