

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

Do not use this space.

13th AUG 14 1939

26199

1. PLACE OF DEATH
 County MADISON Registration District No. 539
 Township GOVERNMENT Primary Registration District No. 4310
 City MARION (No. 615) St. _____ Ward _____
 2. FULL NAME ANNIE HALE GRIFFON
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. GRIFFON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HAIRDRESSER
 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) MARION MO
 13. NAME WASH-HALE
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARION MO
 15. MAIDEN NAME MARY SHAGGS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARION MO
 17. INFORMANT ETHEL GRIFFON (ADDRESS) MARION
 18. BURIAL, CREMATION, OR REMOVAL St. Stephens Cemetery DATE 7-24-1939
 19. UNDERTAKER Edman (ADDRESS) Marion
 20. FILED July 24 1939 St. Stephens Registrar. 48

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to July 23, 1939
 I last saw her alive on July 15, 1939. 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:
Gastric ulcer Date of onset 1938
1170
 Other contributory causes of importance:
Infected gall bladder
 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) Harry Borron, M. D.
 (Address) Fredericktown

By E. D. Schwaner

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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.

