

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

35510

Do not use this space.

1. PLACE OF DEATH **BUCHANAN** Registration District No. **85**  
 (a) County **BUCHANAN** Primary Registration District No. **1001**  
 (b) Township **St. JOSEPH** Registered No. **1025**  
 (c) City **St. JOSEPH** (d) Street No. **3002 Edmond St.** 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **SARAH JANE GRIFFIN**  
 (a) Residence, No. **3002 EDMOND STREET** 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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>JOHN GRIFFIN</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>JANUARY 17 1873</b>		
7. AGE YEARS <b>66</b>	MONTHS <b>8</b>	DAYS <b>21</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>HOUSEWIFE</b>	
	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) <b>MORGAN COUNTY, MO</b> (STATE OR COUNTRY) <b>Missouri.</b>		
FATHER	13. NAME <b>WILL DINWIDDIE</b>	
14. BIRTHPLACE (CITY OR TOWN) <b>MORGAN COUNTY, MO</b> (STATE OR COUNTRY) <b>Missouri.</b>		
MOTHER	15. MAIDEN NAME <b>MARGARET BOLES</b>	
16. BIRTHPLACE (CITY OR TOWN) <b>MORGAN COUNTY, MO</b> (STATE OR COUNTRY) <b>Missouri.</b>		
17. INFORMANT <b>MRS. R. L. SILVERS</b> (ADDRESS) <b>3002 EDMOND ST., St. Joseph, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>MOUNT AUBURN</b> DATE <b>OCTOBER 10 1939</b>		
19. FUNERAL DIRECTOR (NAME) <b>FLEEMAN &amp; SON, INC.</b> (ADDRESS) <b>1946 COLHOUN ST. St. Joseph, Mo.</b>		
20. FILED <b>Oct 9 1939 H. J. Neale</b> <b>22 Local Registrar.</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 8 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 3 1939** to **Oct 8 1939**  
 I last saw her alive on **Oct 8 1939**. Death is said to have occurred on the date stated above, at **9:30 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Cardiac Renal insufficiency**  
 Date of onset **10/4**

Other contributory causes of importance:  
**degeneration of the heart**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Physical** Was there an autopsy? **Yes**

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? **Yes**  
 If so, specify..... (Signed) **Dr. H. N. Tooman MD**  
**St. Joseph, Mo.** (Address) **411 Kuykendall Bldg**  
**St. Joseph 3000**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Jordan*

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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 *C. G. Swan*.....

Licensed Embalmer No. 4082.....

P. O. Address *St Joseph Mo.*.....

**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.**