

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

Do not use this space.

25623

1. PLACE OF DEATH

17 County Carrall
Township Smith
City New Hope (No.)

Registration District No. 136
Primary Registration District No. 6254

File No.
Registered No. 4
St. Ward)

2. FULL NAME

(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 Male 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 Mrs. Katie Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture M.C. 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge Co - 31

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) Howard Co Mo

13. NAME W. H. Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

15. MAIDEN NAME Sarah E. Blakley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo

17. INFORMANT (ADDRESS) W. H. Griffin

18. BURIAL, CREMATION, OR REMOVAL PLACE Lupton Mo DATE Aug 16 - 1932

19. UNDERTAKER (ADDRESS) W. H. Griffin

20. FILED Aug 16 1932 Calvin Hickson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19... to, 19...

I last saw h. alive on, 19... 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:

Date of onset

2006
Cause of death unknown to the jury.
Other contributory causes of importance:
Inquest held at Dewitt Mo. (5)

Name of operation Date of
What test confirmed diagnosis? 2.00 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) E. A. Dickerson Coror. M.D.
(Address) Bogard Mo.

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.

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