

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.

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

1 PLACE OF DEATH

County Newton

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City Granby (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 614

File No. 35844

Primary Registration District No. 455

Registered No. 56

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Howard Griffith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Sept 29 1917  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs or \_\_\_\_\_ min? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (City or town, State or foreign country) Granby Mo

10 NAME OF FATHER H. G. Griffith

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Summit Pa

12 MAIDEN NAME OF MOTHER Stella Garon

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Granby Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. G. Griffith  
(Address) Granby Mo

15 Filed 10-4 1917 H. W. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 29 1917, to Oct 3 1917, that I last saw him alive on Oct 3 1917, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH\* was as follows:

Premature Birth  
159 (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) yrs. mos. ds.  
(Signed) James J. Hodges M. D.  
Oct 3 1917 (Address) Granby Mo

\*State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Granby Cemetery DATE OF BURIAL 10-4 1917

20 UNDERTAKER Granby Mo ADDRESS Granby Mo

