SEP 26 1927

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

Do not use this space.

23528

1. PLACE OF DEATH

County Audrain — Registration District No. 24 — File No.

Township Saltrum — Primary Registration District No. 6034 — Registered No. 114

City Mexico-Mo-R7D-#1 (No. ..... St. ..... Ward)

2. FULL NAME J. R. Griffin

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-7-1923

7. AGE: Years 4 — Months — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Non
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Audrain Co (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Roy Griffin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Audrain Co (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary Jesse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Audrain (STATE OR COUNTRY) Co Mo

14. INFORMANT Roy Griffin (Address) R 1 Mexico Mo

15. Filed Aug 30th 1927 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1927, to Aug 30, 1927, that I last saw him alive on Aug 29, 1927, and that death occurred, on the date stated above, at about 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Enterocolitis
100 B
114 B
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robt W Berry, M. D
, 19 (Address) Mexico Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mexico Mo Cemetery — DATE OF BURIAL: 8-31 1927

20. UNDERTAKER: H A Precht & Son — ADDRESS: Mexico 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.