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

Do not use this space.

25276

File No.
Registered No. 16

1. PLACE OF DEATH

County: St Clair
Township: Osceola
City: Osceola
Registration District No.: 765
Primary Registration District No.: 4460
St. Ward)

2. FULL NAME Luther L Griggs

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 – 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: County Highway Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Roads & Bridges
(c) Name of employer: St Clair Co

9. BIRTHPLACE (CITY OR TOWN): Cedar Falls
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: George Griggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Wisconsin.
12. MAIDEN NAME OF MOTHER: Hannah Langdon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: Arlie Meridith
(Address): Osceola Mo

15. FILED 9/1 1927 R Reeves
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1927, to Aug 20 1927, that I last saw him alive on Aug 20 1927, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Indigestion
(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? none
(Signed) G D Dalgleish, M. D
, 19 (Address) Osceola 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: Osceola
DATE OF BURIAL: aug 24 1927

20. UNDERTAKER: W R Smith
ADDRESS: Osceola Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: St. Clair — Registration District No.: 765 — File No.:
Township: — Primary Registration District No.: 4460 — Registered No.: 16
City: Osceola (No. , St. Ward)

2. FULL NAME: Luther L. Griggs

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 10/10 1927 R. Sievers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1927

17. I HEREBY CERTIFY, That I attended deceased from 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Eating of ordinary supper
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Indigestion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

REC

S-25276