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

Do not use this space.

34553

1-22 1928

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.

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 3036 — Registered No. 157

City St Charles (No. 700, N. 7th St. 3 Ward)

2. FULL NAME ~~Eli Griffith~~ Eli Griffith

(a) Residence. No. 700 N. 7th St., 3 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 10—1883

7. AGE: 45 YEARS, MONTHS: 7, DAYS: 5. If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shoe Worker

(b) General nature of industry, business, or establishment in which employed (or employer): International

(c) Name of employer: Shoe Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peraville Mo

PARENTS

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: Bulah Griffith (Address) St Charles Mo

15. FILED 10/16 1928 Hy G Bloetaum REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 15th 1928

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 6.45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

X2A Cerebral Haemorrhage

97

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis

(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Coroners Inquest

(Signed) Otto B. Ilch Coroner, M. D

, 19 (Address) St Charles 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: Oak Grove Cemetery — DATE OF BURIAL: 10/16 1928

20. UNDERTAKER: Steinbrinker Furn Co — ADDRESS: St Charles Mo