

DEC 26 1928

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

Do not use this space.

36208

1. PLACE OF DEATH

County *Butler*
Township *Paples Bluff*
City *P.B.U.* (No.)

Registration District No. *89*
Primary Registration District No. *5101*

File No.
Registered No. *041*
St. Ward

2. FULL NAME

Albert J. Griffin

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 6 1925*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *3 10*

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) *Butler Co. Mo*

10. NAME OF FATHER *Louisa Griffin*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

12. MAIDEN NAME OF MOTHER *Mosie Hill*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT *Louisa Griffin* (Address) *Paples Bluff Mo P.B.U.*

15. FILED *4/16/28* *D.B.J. Cline* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 16 1928*

17. I HEREBY CERTIFY That I attended deceased from *Mar 10 1928* to *Mar 16 1928* that I last saw him alive on *Mar 16 1928*, and that death occurred, on the date stated above, at *3 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
Malnutrition
718
58
CONTRIBUTORY (SECONDARY) *Malaria*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *J. H. ...* M. D. *4/16 1928* (Address) *Paples Bluff Mo*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Ashcraft* DATE OF BURIAL *Mar 17 1928*

20. UNDERTAKER *J. T. Phelps* ADDRESS *P.B.U.*

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.

WHILE WITH CHARGING INFORMATION IS A PERMANENT RECORD

