APR 30 1929

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

Do not use this space.

11778

1. PLACE OF DEATH
County Pemiscot — Registration District No. 655 — File No.
Township Virginia — Primary Registration District No. 5872 — Registered No.
City (No. , St. Ward)

2. FULL NAME Riley 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 3 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 — Marvine Griggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1866

7. AGE: YEARS 62 63 — MONTHS 2 — DAYS 12 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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): dont Know

PARENTS
10. NAME OF FATHER: ~~Rit~~ Josep Griggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dont Know
12. MAIDEN NAME OF MOTHER: Marvine Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dont Know

14. INFORMANT: Elmer Griggs
(Address) Steele Mo. R. 1.

15. FILED, 19 Max L. Kelley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 13 1929

17. I HEREBY CERTIFY, That I attended deceased from 10 - 4 3 . 10 , 1929, to 13 , 1929 that I last saw him alive on 10 of March 1929, and that death occurred, on the date stated above, at 12 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility and Flu.

(duration) yrs. mos. 60 ds.

CONTRIBUTORY (SECONDARY) (duration) 3 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? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J. R. McDaniel, M. D
, 19 (Address) Steele 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: Coleman Cemetery — DATE OF BURIAL: 3/13 1929

20. UNDERTAKER: German Und Co — ADDRESS: Steele

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.

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