

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

Do not use this space.

22292
28

24-
56-
11-18
1929
27
22

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.

PLACE OF DEATH
 County..... Pike Registration District No. 683-
 Township..... Calumet Primary Registration District No. 689 59 098
 City..... Calumet Church neighborhood Ward) 22
 2. FULL NAME William James Griffith
 (a) Residence. No. Calumet neighborhood (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 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 Ella Wamsley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11/18/56

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>6</u>	<u>2 1/2</u>	

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

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

10. NAME OF FATHER J. Warren Griffith

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

12. MAIDEN NAME OF MOTHER Clangy Pharr

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

14. INFORMANT Herbert Griffith
 (Address) Rd. 2, Clarksville Mo

15. FILED July 1, 1929 H. H. Headway
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1929 to June 8 1929 that I last saw him, alive on June 4, 1929, and that death occurred, on the date stated above, at 2:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 nephritis, chronic
97
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Atherosclerosis, general
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 12/29 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) E. M. Bartlett, M. D.
6/9, 1929 (Address) Clarksville 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 Clarksville Mo DATE OF BURIAL 6/16 1929

20. UNDERTAKER J. O. Hales ADDRESS Louisiana Mo

