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

Do not use this space.

24641

File No. 3055

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Raw — Primary Registration District No.:

City: Kansas City (No. Lakeside Hospital St. Ward)

2. FULL NAME Ivan Alternagus Griggs

(a) Residence. No. 520 Northrup St. Kas. Ward (If nonresident, give city or town and State)
(Usual place of abode)

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	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	9	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tractor Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Mo Pacific
(c) Name of employer: Thomas Pleasant Griggs

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

PARENTS

10. NAME OF FATHER Thos. Pleasant Griggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage County
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Anna Louise Alternaus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Kansas

14. INFORMANT C. Griggs
(Address) 520 Northrup. KCK

15. FILED 7-13, 1929 M. M. Crane
deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1929 Friday.

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 ..... a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Automobile
Traumatism - Jackson
Mo County
Mo (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) motor cycle involved
(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? Autopsy
7-12-29 (Signed) Alex Carrington M. D.
Alternaus, 1929 (Address) Coroner

*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
Pittsburg Kansas	July 14 1929
20. UNDERTAKER	ADDRESS
Taylor Funeral Home	K. C.

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.