

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

Do not use this space.

40123

PLACE OF DEATH

County Cole

Registration District No. 013

Township

Primary Registration District No. 3014

City Jefferson (No.)

File No.

Registered No. 593

St. Ward

2. FULL NAME

(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. 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 (with the word)

Male White Widower

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

Mrs E Griffith

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

Aug-11-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>68</u>	<u>4</u>	<u>16</u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer
 (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) Ohio

10. NAME OF FATHER

John Griffith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER

Mary Stackman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa.

14. INFORMANT

(Address) Harry Griffith
Jefferson City, Mo

15. FILED

1/17/30 W Beauford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/27 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/22, 1929, to 12/27, 1929 that I last saw him alive on 12/26, 1929, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
82 W
97
102 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
Hypertension (duration) 7 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? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) W A Clark M. D.

1414 S 19 89 (Address) Jefferson City 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

DATE OF BURIAL

Imm, Mo 12/29 1929

20. UNDERTAKER

ADDRESS

WYMORE-GORDON UNDERTAKING CO. JE MO

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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