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.

MAY 27 1931

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

Do not use this space.

11212

1. PLACE OF DEATH
County St. Francois — Registration District No. 774 — File No. 208
Township — Primary Registration District No. ~~601 B~~ — Registered No.
City Flat River (No. 4465 St. Ward)

2. FULL NAME Charles Griffard
(a) Residence, No. St., 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Alpha M. Griffard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5th 1893
7. AGE: YEARS 37 — MONTHS 7 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 32
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Genevieve Co. Mo.

FATHER
13. NAME: Brashia A. Griffard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

MOTHER
15. MAIDEN NAME: Caroline Frazer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Alpha M. Griffard
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wood Lawn Cemetery DATE: May 3d 1931
19. UNDERTAKER (ADDRESS): Caldwell Bros (W.A. Caldwell) Flat River, Mo
20. FILED 5-15 1931 W. J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1st, 1931
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Electrocuted by contact with a high tension wire through no fault other than his own. 193

Date of onset

Other contributory causes of importance:

193 (5)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Unknown Date of injury 5-1-, 1931.
Where did injury occur? Flat River Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Federal plant of St Joseph Lead Co.
Manner of injury: Left hand on wire.
Nature of injury: Electrocution.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. B. Lester Coroner, M. D.
(Address) Decloge Mo.