

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

Do not use this space.

17656

1. PLACE OF DEATH

County Dreese
Township Springfield
City Springfield (No. St. Johns Hospital)

Registration District No. 318
Primary Registration District No. 290th

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 12nd Creek Mo St., _____ Ward. Spring Creek Mo
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1890
7. AGE YEARS 41 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Spring Creek Camden Co. Mo

13. NAME James K. Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Tenn.

15. MAIDEN NAME Mary Elizabeth Leap

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

17. INFORMANT John S. Boulden (ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL Spring Creek Mo PLACE Maple Creek DATE May 3 1931

19. UNDERTAKER Wm Wagner & Co (ADDRESS) Springfield Mo

20. FILED 5-2-31 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1, 1931
22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1931, to 5-1-, 1931
I last saw him alive on 5-1-, 1931. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:
Infected thoracic duct
11/11
11/10
11/9
11/8
11/7
11/6
11/5
11/4
11/3
11/2
11/1
11/0

Other contributory causes of importance:
acute mediastinitis - chylous
empyema left - massive collapse
left lung - acute pericarditis - chd
constriction of or dilation of right ventricle - intracerebral
Name of operation infusion of fluids & drainage Date of 5-1-31
What test confirmed diagnosis? clin. & path. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wm Wagner M. D.
(Address) Med. Lab. Bldg. Springfield Mo

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.

JUN 25 1931

214
A - 7 Doubles.