

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

Do not use this space.

1478

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 Township Galena Primary Registration District No. 2002  
 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Infant Griffin  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1932  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1932 to Jan. 25, 1932  
 I last saw him alive on Jan. 25, 1932 Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

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Other contributory causes of importance:

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

12. BIRTHPLACE (CITY OR TOWN) Joplin, Mo. (STATE OR COUNTRY)

FATHER  
 13. NAME J. H. Griffin  
 14. BIRTHPLACE (CITY OR TOWN) Fort Smith, Ark. (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Gladis Guyll  
 16. BIRTHPLACE (CITY OR TOWN) Ander son, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. J. H. Griffin (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest Park DATE 1-25, 1932

19. UNDERTAKER JH Griffin (ADDRESS)

20. FILED 1-27, 1932 A. Benson Clark Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_ (1)  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) A. Benson Clark M. D.  
 (Address) Joplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

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