

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

Do not use this space.

4538

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 45
St. Ward)

2. FULL NAME

(a) Residence, No. 215 W Farmer St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 19-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) (STATE OR COUNTRY) macon Co. Mo

13. NAME William Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Ky

15. MAIDEN NAME Ann Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Ky

17. INFORMANT Mr. H. B. Wright (ADDRESS) 1117 So. 1st St. Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt wash DATE Feb 6 1932

19. UNDERTAKER Ott + Mitchell (ADDRESS) Independence Mo

20. FILED Feb 5 1932 J. H. Cook Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 32 to Feb 5 32
I last saw him alive on Feb 4 32 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:
Chronic Intestinal 131 Probable nephritis 127 Unknown 1920
Phylitis 1st known 127 Unknown Oct 1 1932

Other contributory causes of importance:
Hypertrophy Prostate 1930

Name of operation None Date of
What test confirmed diagnosis? Microsc Was there an autopsy? No

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) George T. Wynn M. D.
(Address) Independence 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.

MAR 2 8 1932

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