

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

Do not use this space.

4702

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 557  
 Township Kaw Primary Registration District No. 1001 Registered No. 557  
 City Kansas City (No. K.C. General Hosp.) St.                      Ward                     

**2. FULL NAME**

Henry Griffin  
 (a) Residence, No. 926 E. 12th 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 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 Fanny Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1869.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
62 11 22 or                                                               

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resturant owner 246  
 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) Iowa

FATHER 13. NAME John Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Lena --

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Irene Ritner  
 (ADDRESS) Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE Feb. 11, 1932

19. UNDERTAKER J.P. Louis Funeral Home  
 (ADDRESS) Kansas City, Missouri.

20. FILED 11th St. m. m. Crowe  
                     Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1932

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 12:30pm.

The principal cause of death and related causes of importance were as follows:

Acute Old Heart Date of onset                       
936  
990  
95B  
 Other contributory causes of importance:  
Myocardial Chn  
                    

Name of operation                      Date of                     

What test confirmed diagnosis autopsy 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                       
 Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                       
 If so, specify                     

(Signed) Stanley M. Hall M. D.  
 (Address)                     

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.

RECORDED WITH IMPENDING INK—THIS IS A PERMANENT RECORD

