

N. B. 11

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

Do not use this space.

5345

1. PLACE OF DEATH

County Macon

Registration District No. 533

Township Macon

Primary Registration District No. 3027

City Macon (No. _____)

File No. _____
Registered No. 14 St. _____ Ward _____

2. FULL NAME Joseph 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1849

7. AGE YEARS 82 MONTHS 11 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dealer

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 Ga

FATHER 13. NAME John Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mia

MOTHER 15. MAIDEN NAME Fiddie Wrenn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Mount

17. INFORMANT (ADDRESS) Mrs Joseph Griffin

18. BURIAL, CREMATION, OR REMOVAL PLACE Cahoon DATE 2/24 1932

19. UNDERTAKER (ADDRESS) Edith Sherrin

20. FILED 2/29 1931 Mrs Lulu Funder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1932 to 2/22 1932
I last saw him alive on 2/22 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Chronic Myocarditis with Decompensation Date of onset 3 yrs
151 430 950
3000

Other contributory causes of importance: Chronic Intellectual Deficiency Sub. ps

Name of operation none Date of _____

What test confirmed diagnosis? Arterial 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) Howard Miller M. D.

(Address) Macon Ga

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 24 1932

WRITE WITH UNFADING INK—PHYSICIANS A F

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