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

Do not use this space.

13389-A

1. PLACE OF DEATH
74 County Nodaway — Registration District No. 618 — File No.
Township Nodaway — Primary Registration District No. 5820 — Registered No.
City (No. St. Ward)

2. FULL NAME Baxter B Griffith
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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.

13389-1 AUG 30 1932

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: Matild Jane Griffith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 9 1856

7. AGE: Years 75 — Months 8 — Days 29 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nod. Co Mo 1

PARENTS
10. NAME OF FATHER: Washington Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio 2
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " " 31

14. INFORMANT: Mrs Mary Kugle
(Address): Dallas Tex

15. FILED 4/10, 1932 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1932, to April 8, 1932, that I last saw him alive on April 8, 1932, and that death occurred, on the date stated above, at 8-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 131 (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Hayford, M. D.
4/9, 1932 (Address) Maryville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Maryville — DATE OF BURIAL: 4/10 1932

20. UNDERTAKER: Price Fun Co — ADDRESS: Maryville Mo

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.