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

Do not use this space.

13407

1. PLACE OF DEATH
County Nodaway Registration District No. 626
Township Primary Registration District No. 4376
City Parnell, Mo. (No. , St. Ward)

File No.
Registered No.

74
10
1

2. FULL NAME Samuel Griffy
(a) Residence, No. Parnell Mo. 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.

MAY 26 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: Mary E. Griffy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 26 - 51

7. AGE: Years 81; Months; Days 14; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): Buchanan Iowa

FATHER
13. NAME: Jno. Griffy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Sarah Parsons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Gertrude Stone

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parnell DATE 4/10 1932

19. UNDERTAKER (ADDRESS): A. J. Graf & Co Bedford Iowa

20. FILED 5-6 1932 Chas Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 9 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 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death occurred Apr. 9, 1932.	
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Other contributory causes of importance:

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) No doctor - No coroner 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.

Parnell, Mo., Apr, 9TH, 1932.

This is to certify that we were at the bedside of our father, Samuel Griffy, when he passed away. He passedaway without a struggle. We had no doctor at the time and had had no doctor to see him in last six months. Doctor at this time being unobtainable.

Witness Our hands and Seals, Signed

Mrs Mary E. Griffey - Wife of Samuel Griffey.
Her signutare X

Mrs Gertrude Stone Daughter
Mr S P Griffey Son.
Mrs Frank Wilson - Granddaughter.

STATE OF MISSOURI:
COUNTY OF NODAWAY:

Personally appeared before me A Notary Public Mrs Mary.E.Griffey (Widow) Wife of Samuel Griffey, Mrs Gertrude Stone, Daughter, SP.Griffey Son, and Mrs Frank Wilson Grand Daughter, Who are personally known by me Acknowledged this to be a True and Correct statement and their Free Act and Deed. Subscribed and Sworn to Before me this 9th Day of April 1932.

Albert E. Hall
NOTARY PUBLIC.

My Commission as a Notary Public will Expire Sep't 27th 1934.