

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

Do not use this space.

1. PLACE OF DEATH

1 County Adair Registration District No. 4
 2 Township _____ Primary Registration District No. 3001
 7 City Kirkville (No. _____) St. _____ Ward _____

File No. 31297
 Registered No. 164

2. FULL NAME

Socrates Griswold
 (a) Residence, No. Kirkville Mo. 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 Anna Griswold
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 1

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) Missouri

MOTHER FATHER 13. NAME Levie Griswold

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

15. MAIDEN NAME Eloa LeMaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT D. G. Griswold (ADDRESS) Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stuckey DATE 10-28-1932

19. UNDERTAKER Dee Riley (ADDRESS) Kirkville Mo.

20. FILED Oct 29, 1932 Mrs C H Becker Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1932 to Oct 27 1932

I last saw him alive on Oct 27 1932 Death is said

to have occurred on the date stated above, at 5 A.M.

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

Influenza Date of onset Oct 15
Bronchial Pneumonia "19
abscess left lung "31
Pyothorax "24

Other contributory causes of importance:

External hemorrhage Oct 27

Name of operation Drainage of pleural cavity Date of Oct 25

What test confirmed diagnosis? Physic 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) M. E. Callen, M. D.

(Address) M. E. Callen Hosp/Kirkville

no

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.

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