

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.

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

Do not use this space.

MAR 3 1933

41056

1. PLACE OF DEATH

County Pettis Registration District No. 670
 Township Boonville Primary Registration District No. 5893
 City Boonville (No. 5893 St. Boonville Ward)

File No. _____
 Registered No. _____

2. FULL NAME

George Edward Griffin
 (a) Residence, No. Smithton Mo St. Smithton Ward Smithton
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 6 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Oterville MO
Maryland

13. NAME William Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, Eng

15. MAIDEN NAME Mary Hugh Griffin

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

17. INFORMANT (ADDRESS) Mrs Dollie Edine Griffin
Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton MO DATE Jan 1 1933

19. UNDERTAKER (ADDRESS) A. F. Newberry
Smithton Mo

20. FILED Jan 13 1933 Flossie Ferguson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Dec 30 1932
 I last saw him alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 1 P m.
 The principal cause of death and related causes of importance were as follows:

chronic valvular heart disease Date of onset 1925
92 92 W
 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 —
 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) W. H. Fogle M. D.
 (Address) Oterville MO

