

MAR 2 1933 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2382

1. PLACE OF DEATH

67 County Mississippi Registration District No. 566
3 Township Fynessville Primary Registration District No. 3030
4 City Charleston Mo. (No.) St. Ward)

File No.
Registered No. 13

2. FULL NAME

(a) Residence, No. Johnson 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1866

7. AGE YEARS 66 MONTHS 7 DAYS 16 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 92A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93C

10. Date deceased last worked at this occupation (month and year) 95E 11. Total time (years) spent in this occupation 95E

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME W. M. Griffin

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

15. MAIDEN NAME Wentzmann

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

17. INFORMANT (ADDRESS) Mr. Griffin

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Wood - Clinton Ky. DATE 1/20

19. UNDERTAKER (ADDRESS) Charleston Funeral & Undert. Co.

20. FILED Jan 24 1933 F. J. Vernon Registrar.

3 MEDICAL CERTIFICATE OF DEATH 9:40 P.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 23 1933 to Jan. 23 1933
Last saw him alive on Jan. 23 1933. Death is said to have occurred on the date stated above, at 9:40 m.
The principal cause of death and related causes of importance were as follows:

Acute dilatation of Rt. Ventricle of Heart Date of onset 1/23/33
Chronic Myocarditis more years

Name of operation Date of
What test confirmed diagnosis? 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 W. S. Lee M. D.
(Signed) Charleston, Mo.
(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.

