

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

Do not use this space.

11869

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 701
Primary Registration District No. 1006

File No. 2991
Registered No.
St. Ward)

2. FULL NAME

Andrew Jackson Griffin

(a) Residence, No. 5008 Kates Ave. St. 11 Ward. 12

Length of residence in city or town where death occurred 11 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 OF Elizabeth Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 14

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) Mar 25 - 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo

13. NAME Andrew J. Griffin Sr.

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

15. MAIDEN NAME Elvina Magee

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

17. INFORMANT Elizabeth Griffin (ADDRESS) 5008 Kates

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo DATE Mar 31, 1933

19. UNDERTAKER Richard And Co (ADDRESS) Farmington Mo

20. FILED May 24 1933 Max O'Stark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8:30 p.m. 3/28, 1933, to 1:45 a.m. 3/29, 1933

I last saw him alive on 10 p.m., 1933. Death is said to have occurred on the date stated above, at 1:45 m.

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

Chronic myocarditis
930
930

Other contributory causes of importance:

Name of operation Date of operation

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) Ralph Berg M. D.
(Address) 2253 Nebraska

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.

