

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.

MAY 22 1933

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

Do not use this space.

12472

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township St. Joseph, Primary Registration District No. 1001  
 City St. Joseph, (No. 2218 Francis, St. 431 Ward)

2. FULL NAME Benjamin Loan Griswold,  
 (a) Residence, No. 2218 Francis, St. 431 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 70 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Griswold,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y. 11, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>3</u>	<u>8</u>	

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

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) April 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

13. NAME Theodore D. Griswold,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, New York,

15. MAIDEN NAME Clarissa Hays,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartford, Connecticut,

17. INFORMANT (ADDRESS) Miss Elizabeth H. Griswold, 2218 Francis Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE April 21, 1933

19. UNDERTAKER (ADDRESS) Heaton-Bissale-Bowman, 319 So. 10th. St. General Home

20. FILED 4-20 1933 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933, to Apr 19, 1933  
 I last saw him alive on April 16, 1933. Death is said to have occurred on the date stated above, at 11:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
March 1, at 1933 -  
Cerebral hemorrhage  
Hypertension  
 Date of onset

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Fred Longrade, M. D.  
 (Address) St Joseph, Mo

