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.

MAY 22 1933

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

Do not use this space.

12580

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125
Township Cape Girardeau — Primary Registration District No. 8009
City Cape Girardeau (No. St. Francis Hospital St. Ward)

File No.
Registered No. 99

2. FULL NAME Edw. L. Griffin
(a) Residence, No. Charleston Mo. St. Ward. Charleston, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23-1877
7. AGE YEARS 56 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
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) Bellevue, Mo.

FATHER
13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) G. L. Pemberton Charleston Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Cem. DATE Apr 24 1933
19. UNDERTAKER (ADDRESS) Walthers Und. Co. Cape Girardeau Mo.
20. FILED 4-23 1933 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1933
22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1933, to 4-23, 1933
I last saw him alive on 4-23, 1933. Death is said to have occurred on the date stated above, at 320 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block & Myocarditis	4-22-33
121B 95B 95A / 121	
Other contributory causes of importance:	
acute appendicitis	4-18-33

Name of operation Appendectomy Date of 4-19-33
What test confirmed diagnosis? Physical & chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) D. H. Hope, M. D.
(Address) Cape Girardeau Mo.