

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

W. Chapman

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

Do not use this space.

23807

1. PLACE OF DEATH
 67 County Mississippi Registration District No. 566
 3 Township Hayfield Primary Registration District No. 3030
 4 City Charlottesville No. _____ St. _____ Ward _____

2. FULL NAME William Richard Griffith
 (a) Residence, No. Charlottesville Mo. St. _____ Ward _____
 Length of residence in city or town where death occurred 31 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 1860

7. AGE YEARS 72 MONTHS 10 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 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) Hayfield, Ky.

MOTHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
 17. INFORMANT (ADDRESS) Virgil D. Griffith
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Cemetery DATE 7/2, 1933
 19. UNDERTAKER (ADDRESS) Law Head Co. Griffith
 20. FILED July 1st 1933 J. D. Vernon Registrar.

1 MEDICAL CERTIFICATE OF DEATH 9:15 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 A. 1933

22. I HEREBY CERTIFY That I attended deceased from June 30, 1933 to July 1, 1933
 I last saw him alive on July 1, 1933 Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronal Hemorrhage 4/30/33
8201
 Other contributory causes of importance 8201

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical as 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) W. H. Chapman, M. D.
 (Address) Charlottesville, MO.

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.

