

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

Do not use this space.

25875

1. PLACE OF DEATH

12

County *Carter*
Township *Carter*
City (No.) Ward

Registration District No. *143*
Primary Registration District No. *5205*

File No.
Registered No.
St. Ward

2. FULL NAME

John Russ Griffin

(a) Residence, No. St. Ward

(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) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-27-1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 — 5 21

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

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) *Jan 1933* 11. Total time (years) spent in this occupation *12 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carter Co. Mo.*

13. NAME *Wm. Griffin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Mary Ann Timson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT *P. N. Griffin* (ADDRESS) *Jefferson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dry Valley Cem.* DATE *8-20-1933*

19. UNDERTAKER *Geo. Heapsmith* (ADDRESS) *Jefferson Mo.*

20. FILED *Aug 18 1933* *AN. J. W. Cotton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 18, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *July 27, 1933, to Aug. 18, 1933*
I last saw him alive on *Aug. 18, 1933*. Death is said to have occurred on the date stated above, at m.

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

Chronic Par. nephritis Date of onset *1930?*
131
49 *132*
Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
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) *J. W. Cotton*, M. D.
(Address) *Jefferson Mo.*

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.

SEP 26 1933

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