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

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

Do not use this space.

27325

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township Buffalo — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. , North 6th St. 3 Ward)

2. FULL NAME Ray Griffith
(a) Residence, No. N 6th St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 49 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1884

7. AGE: Years 49 — Months 6 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
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) Aug 30-1933
11. Total time (years) spent in this occupation 15 yrs.

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

FATHER
13. NAME Charles Q. Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

MOTHER
15. MAIDEN NAME Maggie Carroll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo

17. INFORMANT (ADDRESS) C. G. Griffith Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Louisiana Mo DATE Aug 7 1933

19. UNDERTAKER (ADDRESS) W. F. Bruce Louisiana Mo

20. FILED 8/6 1933 F C Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1933 to Aug 5 1933
I last saw him alive on Aug 5, 1933. Death is said to have occurred on the date stated above, at 4:15 a m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
Other contributory causes of importance: Arterial Sclerosis

Name of operation — Date of
What test confirmed diagnosis? ✓ 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) J H Miller M. D.
(Address) Louisiana Mo