

MAY 25 1934

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

Do not use this space.

13884

1. PLACE OF DEATH

County Polk Registration District No. 702 File No. 4
Township Madison Primary Registration District No. 4423 Registered No. 4
City (No.) St. Ward)

2. FULL NAME John William 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Norborne Carroll Co Mo

13. NAME Roy Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Play Mo

15. MAIDEN NAME Sarah Sawyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Play Mo

17. INFORMANT (ADDRESS) Roy Griffin Fair Play Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shady Grove Cem Apr 23, 1934

19. UNDERTAKER (ADDRESS) A B Wright Fair Play Mo

20. FILED Apr. 23, 1934 L. L. Hunt Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1934 to Apr 22, 1934

I last saw him live on Apr 22 1934 Death is said to have occurred on the date stated above, at 11.45 A M

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

Acute Nephritis ✓

Date of onset

1-1-1934

Other contributory causes of importance: #

Name of operation #None Date of #
What test confirmed diagnosis? Lab 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#

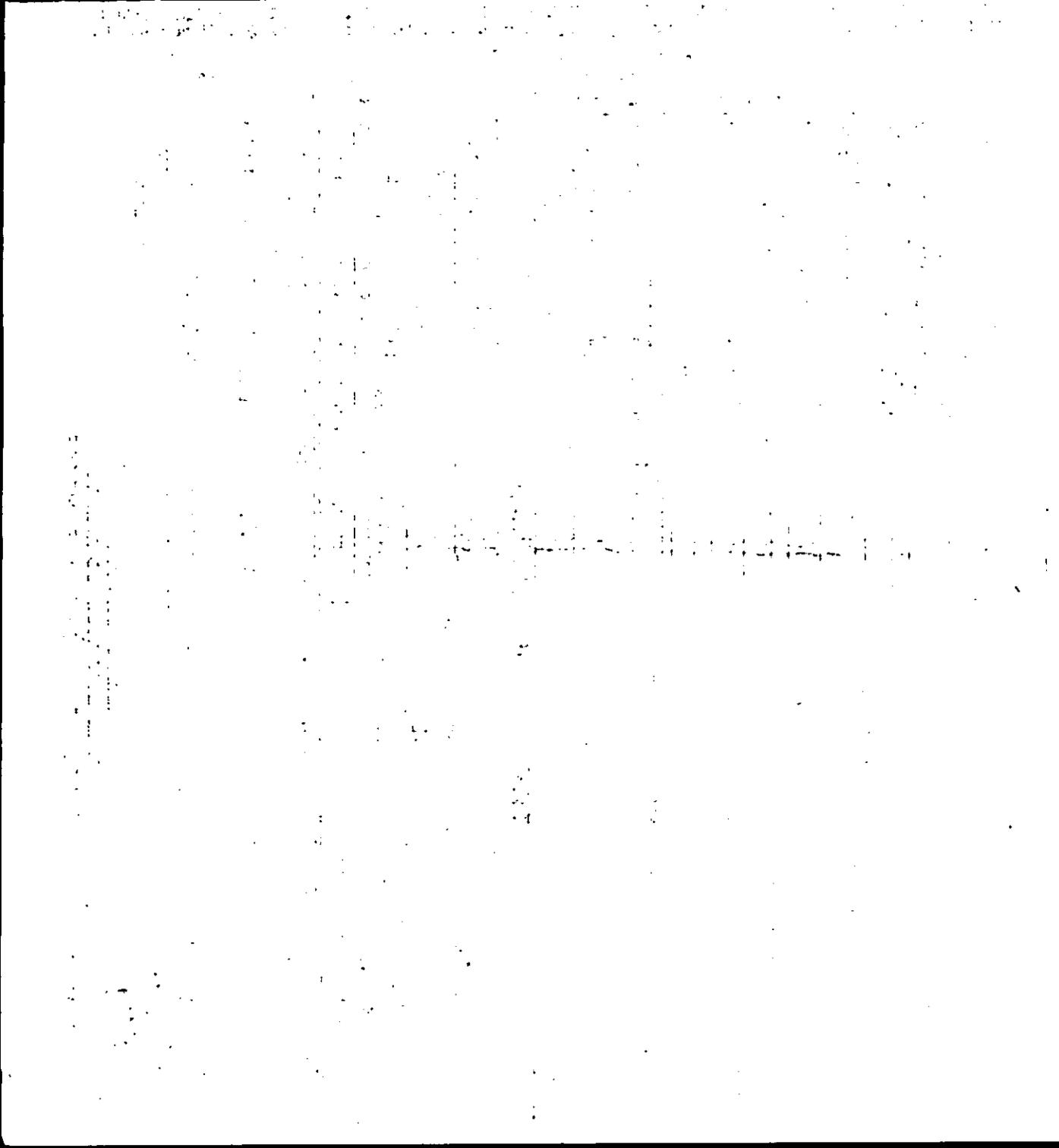
Where did injury occur? # (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury #
Nature of injury #

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Chas H Brown, M. D.

(Signed) Chas H Brown, M. D.
(Address) Fair Play 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.



Pack

WASHINGTON 13884

4

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Wm Griffin
Who died at _____ on April 22 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 2 Months 11 Days 7

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc..

Date deceased last worked at this occupation: acute nephritis Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Scarlet Fever followed by acute nephritis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar: L. D. Hewitt Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 702
Primary Reg. Dist. No. 4423

E. T. McLaugh
State Registrar

Special Agent.

S-13884