

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 4510 Mill Creek Blvd. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 16732  
 Registered No. 2098

**2. FULL NAME** Claude M. Griffin

(a) Residence, No. 4510 Mill Creek Blvd. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 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 May Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Decorator

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)

13. NAME C.S. Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Mary Gould

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Russell Griffin  
 (ADDRESS) 316 No Denver

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE May 11, 1934

19. UNDERTAKER Wagner Funeral Home  
 (ADDRESS) 204 W. Linwood

20. FILED May 11, 1934 3:47 p.m. Carroll Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 9, 1934  
 I last saw him alive on May 9, 1934. Death is said to have occurred on the date stated above, at 9:55 A.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset May 3  
100

Other contributory causes of importance:  
110

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) \_\_\_\_\_, M. D.

(Address) 1018 N. Elmwood

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.

JUN 19 1934

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Edwin St. John Re 4191