

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

Do not use this space.

20733

**1. PLACE OF DEATH**

County Jackson Registration District No. 202  
 Township Kaw Primary Registration District No. 8902  
 City K. C. Mo. (No. 115 Garfield, Ave.) St. Mo. Ward 1

File No. 2899  
 Registered No. 2899

**2. FULL NAME**

William M. Griffin  
 (a) Residence, No. 115 Garfield St., Mo. Ward. (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 Mary Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 4 - 1849

7. AGE YEARS 85 MONTHS 2 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

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

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) K. C. Mo.

13. NAME Wm Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Sarah Brown

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

17. INFORMANT Mellie May Well

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7-2-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave

20. FILED 7-1-34 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27 1934 to 6-29 1934

I last saw the deceased alive on 6-29 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis and Hypertension Date of onset 1927

Other contributory causes of importance:  
Cerebral arteritis 3 mo  
Gangrene of right leg from thrombosis of superficial veins 1 wk

Name of operation Probe Date of 7-1-34

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 \_\_\_\_\_ 1934  
 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. J. Connally M. D.

(Address) 3046 Main

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.

JUL 12 1934

30-40 W. 1000

Wa: 3564