

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

Do not use this space.

25059

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage - McGee-Brooks Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1324 Harrison St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Griggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 9, 1863</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>6</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Insurance Man.</u>		
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) <u>Mt. Vernon Missouri</u>		
13. NAME <u>Marion J. Griggs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jennette</u>		
15. MAIDEN NAME <u>Margaret Bridges</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laurie Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mr. Mollie Griggs 1324 Harrison - 6 City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Cemetery</u> DATE <u>July 28, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Ernest W. Cathey Carthage, Mo.</u>		
20. FILED <u>July 28, 1934</u> <u>S. B. Clinton</u> Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct. 4, 1933 to July 26, 1934
I last saw him alive on July 26, 1934 Death is said to have occurred on the date stated above, at 5:07 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic hyperplastic prostatitis
Chronic interstitial nephritis
Urinary calculi
Uræmia
Date of onset 1914-1915

Other contributory causes of importance:
13/

Name of operation Cystotomy Date of 7/21/34
What test confirmed diagnosis? Microscopic 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) Lloyd B. Clinton, M. D.
(Address) Carthage, 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.

AUG 4 1934

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

MEMORANDUM

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

CONTROL NUMBER: [Illegible]

STATUS: [Illegible]

APPROVAL: [Illegible]

REVISIONS: [Illegible]

REFERENCES: [Illegible]

COMMENTS: [Illegible]

APPROVED: [Illegible]

DATE: [Illegible]

SIGNATURE: [Illegible]

TITLE: [Illegible]

ORGANIZATION: [Illegible]

LOCATION: [Illegible]

PHONE: [Illegible]

FAX: [Illegible]

EMAIL: [Illegible]

WEBSITE: [Illegible]

ADDRESS: [Illegible]

CITY: [Illegible]

STATE: [Illegible]

ZIP: [Illegible]

COUNTRY: [Illegible]

POSTAL CODE: [Illegible]

MEMORANDUM

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

CONTROL NUMBER: [Illegible]

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APPROVAL: [Illegible]

REVISIONS: [Illegible]

REFERENCES: [Illegible]

COMMENTS: [Illegible]

APPROVED: [Illegible]

DATE: [Illegible]

SIGNATURE: [Illegible]

TITLE: [Illegible]

ORGANIZATION: [Illegible]

LOCATION: [Illegible]

PHONE: [Illegible]

FAX: [Illegible]

EMAIL: [Illegible]

WEBSITE: [Illegible]

ADDRESS: [Illegible]

CITY: [Illegible]

STATE: [Illegible]

ZIP: [Illegible]

COUNTRY: [Illegible]

POSTAL CODE: [Illegible]