

NOV 16 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Beechman  
Township Jackson  
City (No. ....)

Registration District No. 83  
Primary Registration District No. 3118

File No. 35234  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

William E. Griffith  
(a) Residence, No. Burton Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
39 6 24

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

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) Meridian Kentucky

13. NAME James Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walden Missouri

15. MAIDEN NAME Susie Calkerson

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

17. INFORMANT Mrs. George Manwill (ADDRESS) Family mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meridian Kan. DATE Oct 23 1934

19. UNDERTAKER William Davis (ADDRESS) Deatons mo.

20. FILED 10/20/ 1934 W. S. Shell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1934

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

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 6 a m. .

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

Gunshot Wounds (Date of onset) 167

(Ducedal)

Other contributory causes of importance: no facts 167

Name of operation none Date of .....  
What test confirmed diagnosis? Phys Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 10/19 1934

Where did injury occur? Beechman Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot Wounds

Nature of injury Fracture Skull

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

If so, specify Forensic Thomas (Coroner)

(Signed) Forensic Thomas (Coroner)

(Address) 731 Pearson St

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.

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