

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

Do not use this space.

DEC 14 1934

39013

1. PLACE OF DEATH

County Dunklin
Township Clay
City (No.)

Registration District No. 287
Primary Registration District No. 5701-

File No.
Registered No. 145- Ward 1

2. FULL NAME

(a) Residence, No. St. 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 <u>M</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>Ella Griffie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) Indiana

FATHER 13. NAME James A. Griffie

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

MOTHER 15. MAIDEN NAME Elizabeth Dulk

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

17. INFORMANT (ADDRESS) B. J. Griffie, Hornettsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Silverdale DATE Nov-19 34

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home, Kennett, Mo.

20. FILED 11-19 19 34 W. C. J. Leape Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov. 18 1934

I last saw him alive on Nov. 17 1934 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:
Cardio-Renal disease
Hypertension (Senile)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) W. C. J. Leape, M. D.

(Address) Kennett, Mo.

It is the policy of the Missouri State Board of Health to make available to the public the information contained on this certificate. It is the policy of the Missouri State Board of Health to make available to the public the information contained on this certificate. It is the policy of the Missouri State Board of Health to make available to the public the information contained on this certificate.

