

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.

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

Do not use this space.

DEC 19 1934

1. PLACE OF DEATH

County Greene  
Township Van Buren  
City Charleston (No. 1)

Registration District No. 612  
Primary Registration District No. 5814

File No. 40177  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Priest Griffith

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>6</u>	<u>4</u>	<u>27</u>	<u>✓</u>

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

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) Pitchey, Mo.

13. NAME Loren E. Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. W. of Bryan, Mo.

15. MAIDEN NAME Alice D. Whites

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisville, Miss.

17. INFORMANT Loren E. Griffith  
(ADDRESS) Westworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westworth, Mo. DATE Nov-26-1934

19. UNDERTAKER Grady  
(ADDRESS) Way 2014  
Monett, Mo.

20. FILED Nov 26 1934 Grady Hudson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1934

22. I HEREBY CERTIFY, that I attended deceased from Nov 24 1934 to Nov 26 1934

I last saw him alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset 10/28

Primary

Other contributory causes of importance: 10/28

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 Diphtheria  
(Signed) Grady Hudson, M. D.  
(Address) Westworth, Mo.

