

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

Do not use this space.

JAN 4 1935

42062

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph,

Registration District No. 8  
Primary Registration District No. 1001  
(No. St. Joseph, a Hospital)

File No. \_\_\_\_\_  
Registered No. 123  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lewis Eugene Griffin

(a) Residence, No. 5330 Barbara St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 hrs. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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) December 22, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>12</u> hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	<u>Child</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) St. Joseph, Missouri  
(STATE OR COUNTRY)

13. NAME Lewis Eugene Griffin

14. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Hazel Leuby

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Lewis E Griffin  
(ADDRESS) 5330 Barbara Street

18. BURIAL, CREMATION, OR REMOVAL Oddfellows Cemetery  
PLACE St. Joseph, MO. DATE December 24, 1934

19. UNDERTAKER H.O. Sidenfaden Funeral Home  
(ADDRESS) 1802 Union Street St. Joseph, MO.

20. FILED 12-21-1934 John R. Bender  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934 to Dec 22, 1934  
I last saw him alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 4:30 AM.

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

Pneumonia with  
159  
159  
Other contributory causes of importance: None

Date of onset 12/22/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) A. B. [Signature], M. D.  
(Address) St. Joseph, MO

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.

