

FEB 25 1935

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

Do not use this space.

1698

## 1. PLACE OF DEATH

County Jasper Registration District No. 406 File No. \_\_\_\_\_  
Township Springfield Primary Registration District No. 4240 Registered No. 2  
City Carl Jet (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Carl Eugene Griner  
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 14

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) Carl Jet Mo.

13. NAME H. A. Griner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

15. MAIDEN NAME Hazel Henderson

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

17. INFORMANT H. A. Griner Carl Jet  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rebecca Mo DATE 1-17 1935

19. UNDERTAKER Hughes and Co.  
(ADDRESS) Joplin Mo.

20. FILED 1-17 1935 C. E. Griner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1935 to 1-17 1935

I last saw him alive on 1-17 1935 Death is said

to have occurred on the date stated above, at 3-AM

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

Contracta Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:

measles

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? none

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

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

If so, specify \_\_\_\_\_

(Signed) C. E. Griner M. D.

(Address) Carl Jet 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.

