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.

4369

MAR 20 1935

1. PLACE OF DEATH

County Boone — Registration District No. 73 — File No.

Township Columbia — Primary Registration District No. 5112 — Registered No. 36

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nathan N. Griggs

(a) Residence, No. Boone County Infirmary 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): — — 1860

7. AGE: YEARS 75 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

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: ✓

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER

13. NAME: John Griggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Stacy Griggs, Harrisburg, Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Perche Church DATE 2-24 1935

19. UNDERTAKER (ADDRESS): Parker F. Co. (WTCO) Columbia Mo

20. FILED 2/23/1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1935 to 2-20, 1935

I last saw him alive on 2-19, 1935. Death is said to have occurred on the date stated above, at 7 A.m.

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

Cerebral Hemorrhage
Caussing paralysis
8201

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) W. A. Norris, M. D.

(Address) Columbia, Mo