

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.

MAY 18 1936

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

Do not use this space.

14149

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Township St. Joseph Mo. Primary Registration District No. 1001
 City St. Joseph Mo. (No. Wate. Hosp.) St. 2 Ward 2

2. FULL NAME Thompson E. Griffith
 (a) Residence, No. St. Kansas City Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Feb 25, 1936 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 Mixed 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>79</u>	<u>7</u>	<u>7</u>	<u>4</u>	

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hosp. # 2, St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE J. C. No. DATE April 14, 1936

19. UNDERTAKER (ADDRESS) C. B. Blackman, St. Joseph Mo.

20. FILED APR 1 - 2, 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 11, 1936
 I last saw him alive on April 11, 1936 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Indefinite

Aggr. Arteriosclerosis

Other contributory causes of importance None

Name of operation no Date of no
 What test confirmed diagnosis? Chol. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 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? No
 If so, specify no
 (Signed) Dr. C. C. Delong, M.D. M. D.
 (Address) State Hosp. # 2, St. Joe Mo.

