MAY 19 1936

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

Do not use this space.

14525

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Sprgs (No. ..... , ... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011
File No. .....
Registered No. .....

2. FULL NAME Robert C. Griffith
(a) Residence, No. 510 Kans City Ave St., ... Ward. Conrad Montana
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 Mrs Robert Griffith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 54 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. Machinist
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) Unknown

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Robert Griffith Conrad Montana
18. BURIAL, CREMATION, OR REMOVAL PLACE Conrad Mont. DATE 4-7- 1936
19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Sprgs Missouri
20. FILED 4-6- 1936 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936
22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to April 6, 1936
I last saw him alive on April 6, 1936 Death is said to have occurred on the date stated above, at 3:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5

Other contributory causes of importance:

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 .....
(Signed) C. H. Whitehill M. D.
(Address) 111 S Main Excelsior Spgs Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.