

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia

Registration District No. 73
Primary Registration District No. 3106
(No. Boone County Hospital)

File No. 18538
Registered No. 152
St. _____ Ward _____

2. FULL NAME JAMES N. GRIGGS

(a) Residence, No. Hallsville Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle Ann Griggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN 20 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>3</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ex Soldier</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) <u>x</u>		
11. Total time (years) spent in this occupation		

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

13. NAME Mendus Griggs

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

15. MAIDEN NAME Mary Elizabeth Junod

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

17. INFORMANT (ADDRESS) Frank Inosch

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Sew DATE May 21 1936

19. UNDERTAKER (ADDRESS) R. O. Willett Columbia Mo.

20. FILED 5/21/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19th 1936 to X, 1936

I last saw h. X alive on X, 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

From injuries sustained in automobile collision. Date of onset _____

Other contributory causes of importance: NO

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-18-1936

Where did injury occur? Near Columbia Mo. on Highway #63 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway #63

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. H. Davis, Coroner
(Address) Columbia 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.



MAR 8 1957