

JUN 25 1936

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

Do not use this space.

20407

1. PLACE OF DEATH

County Ralls  
Township Center  
City Center (No. ...., St. .... Ward)

Registration District No. 725  
Primary Registration District No. 4431

File No. ....  
Registered No. ....

2. FULL NAME Elbert P. Griggs

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha E. Biggs-Griggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20 1856 1865</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	If LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Framing</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Life</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co Ill

FATHER 13. NAME Wade H Griggs

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Crewdson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT N J Griggs (ADDRESS) New London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE May 26 1935

19. UNDERTAKER Giles R. Hulse (ADDRESS) Center Mo

20. FILED May 26 1936 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 24, 1936. I last saw him alive on May 24, 1936. Death is said to have occurred on the date stated above, at 10:20.

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

Myocarditis  
Date of onset approx 4/24

Other contributory causes of importance: Tumors of abdomen

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) Dr. C. H. Brooks, M. D.  
(Address) Center, Mo

N. B.—Every item of information should be carefully supplied. AGE SHOULD BE STATE IN PLAIN TERMS. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

IN JAMES MC GEE - FIVE INCHES  
HIGH - IN ALL OF GROUND  
C. MEDICAL EXAM

RECEIVED  
MEDICAL EXAM  
JAMES MC GEE  
FIVE INCHES HIGH  
ALL OF GROUND  
C. MEDICAL EXAM

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH *Ralls*  
 County *Ralls* Registration District No. *1725*  
 Township *Center* Primary Registration District No. *4431*  
 City *Center* (No. ....) St. .... Ward)  
 2. FULL NAME *Elbert P. Griggs*  
 (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.

File No. ....  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*widow* the word) *W*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 24 1936*

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
*71 3 4*

I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:  
 Date of onset

OCCUPATION  
 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) ... (Specify in this occupation)

Other contributory causes of importance:  
*Summary of abdomen Primary seats stomach, and bladder probably cancerous.*

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

Name of operation *Malignant just to the two organs*  
 What test confirmed diagnosis?

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)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED *May 26 1936* *J. T. Howard* Registrar

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) *W. C. N. Bwooko* M. D. (Address) *Center mo*

**SUPPLEMENTAL**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

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