

JUN 24 1936

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

Do not use this space.

23698

1. PLACE OF DEATH

County Newton  
Township Neosho  
City Neosho

Registration District No. 609  
Primary Registration District No. 1363

File No. \_\_\_\_\_  
Registered No. 74  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. K. S. Hotel St. \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Linnie Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 7 26

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

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 Texas

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jim Griffith Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE June 15, 1936

19. UNDERTAKER (ADDRESS) Edley Thompson Neosho Mo

20. FILED 6-18 1936 Onelia S. Sel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to June 14, 1936  
I last saw him alive on June 13, 1936 (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:

Acute Nephritis  
followed by acute Endocarditis

Date of onset March 8, 1936

Other contributory causes of importance:

Not known

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Urinary Was there an autopsy? \_\_\_\_\_

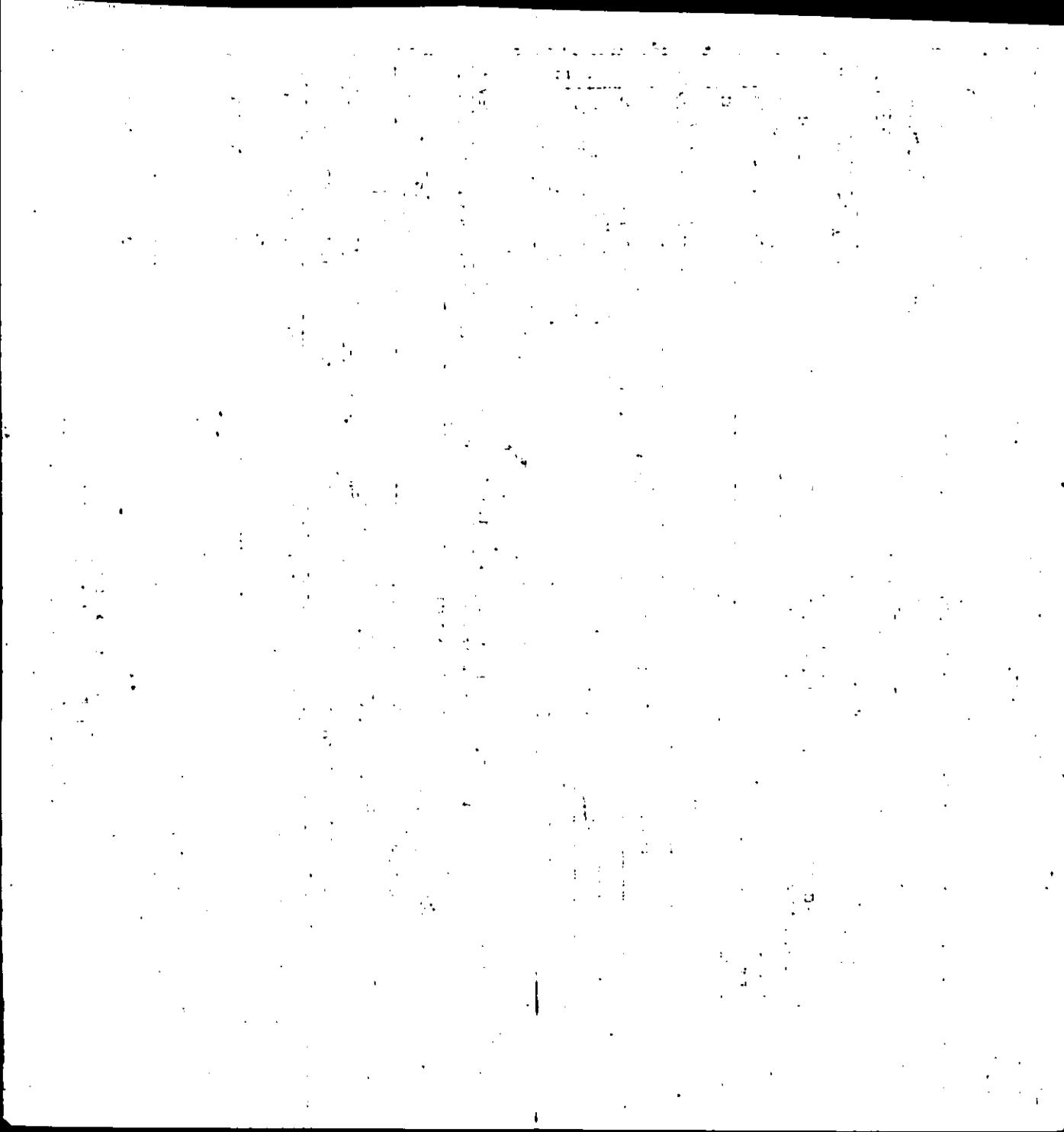
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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? No  
If so, specify \_\_\_\_\_

(Signed) Onelia S. Sel, M. D.  
(Address) Neosho Mo



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

Do not use this space. 8

**1. PLACE OF DEATH**

County Newton  
Township.....  
City Neosho (No. ....)

Registration District No. 609  
Primary Registration District No. 4363

File No. ....  
Registered No. 74  
St. .... Ward)

**2. FULL NAME**

Elisha E Griffith

(\*) 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or  
57 7 26

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)

11. Total time (years) spent in this occupation

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

13. NAME

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

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 9-15, 1936 Orval A. Sale, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....  
I first 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:

Acute nephritis  
(cause unknown)  
followed by acute endocarditis  
Date of onset

Other contributory causes of importance:

Acute nephritis  
(cause unknown)  
No cause can be ascribed

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

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in 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) Orval A. Sale, M. D.

(Address) Neosho

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