

OCT 5 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35567

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St Louis, Mo. (No. Barnes Hospital) St. Ward
Registered No. **9169**

2. FULL NAME

John Richard Griffith
(a) Residence, No. 1126 Bayard St. 12 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 Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 20th, 1852.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83. 11. 14.

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

12. BIRTHPLACE (CITY OR TOWN) Macon, (STATE OR COUNTRY) Mo.

13. NAME Richard Calvin Griffith.

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

15. MAIDEN NAME Susan Summers.

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

17. INFORMANT W. M. Griffith. (ADDRESS) 1126 Bayard Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery. DATE Sept, 5th, 1936.

19. UNDERTAKER R. P. Duxton & Sons (ADDRESS) 4449 Olive Street.

20. FILED SEP 4 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1936
22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1936, to 9-3 1936
I last saw him alive on 9-3 1936 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Date of onset
Carcinoma of Prostate ?
Carcinoma of Bladder ?
Urinary
Other contributory causes of importance:
Primary seat unknown

Name of operation Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? YES.

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) Bruce C. Martin M. D.
(Address) BARNES HOSPITAL

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.

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