

JUN 20 1936

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

Do not use this space.

1. PLACE OF DEATH *Greene*
 County.....
 Township *Springfield*
 City *Springfield* (No. *514*)
 Registration District No. *318*
 Primary Registration District No. *2001*
 File No. *48275*
 Registered No. *440*
 St. _____ Ward _____
 2. FULL NAME *Joe John Griffin*
 (a) Residence, No. *514 S. Warren* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male*
 4. COLOR OR RACE *white*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 11 - 1936*
 7. AGE YEARS *0* MONTHS *0* DAYS *0* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
 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) *Mo.*
 FATHER
 13. NAME *Joseph B. Griffin*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 MOTHER
 15. MAIDEN NAME *Gladys P. Burton*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT *Joseph B. Griffin*
 (ADDRESS) *Springfield, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *May 11 1936*
 19. UNDERTAKER (ADDRESS) *W. Klingner & Co. Springfield, Mo.*
 20. FILED *5-11-1936* *W. Chas a George* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 11 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *5-11 1936*, to *May 11 1936*
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at *5:00 p.m.*
 The principal cause of death and related causes of importance were as follows:
Stillborn
Permanence separation of placenta
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clinical* 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) *Arthur K. Knapp*, M. D.
 (Address) *50 1/2 E. Canal*

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.

