

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

Do not use this space.

FEB 17 1937

1089

1. PLACE OF DEATH

County *Lick*

Township *Wesley*

City *Wesley*

Registration District No. *359 2*

Primary Registration District No. *424-55841*

File No. _____

Registered No. *1*

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 *fm*

4. COLOR OR RACE *wht*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 6, 1891*

7. AGE

YEARS *45*

MONTHS *2*

DAYS *20*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

999

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) *Missouri*

FATHER

13. NAME *J. A. Griffin*

MOTHER

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

15. MAIDEN NAME *Elizabeth Lane*

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

17. INFORMANT (ADDRESS) *Luige Lovett Wheatland Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Wesley*

19. UNDERTAKER (ADDRESS) *Lutley Funeral Home*

20. FILED *Jan. 31, 1937*

Oliver Monroe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 26, 1937*

22. I HEREBY CERTIFY that I attended deceased from *Oct. 10* 19*36* to *Jan 26* 19*37*

I last saw him alive on *Jan 22* 19*37* Death is said to have occurred on the date stated above, at *3:15* p.m.

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

Bacterial Disease

Date of onset _____

Other contributory causes of importance: *None*

Name of operation *None*

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?

If so, specify _____

(Signed) *Dr. Stanley J. East*

(Address) *Wheatland, 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.

