FEB 19 1937

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

Cheatham

Do not use this space.

File No. 2425

Registered No.

1. PLACE OF DEATH
County Newton
Township Five Mile
City Spring City (No. 1, 2 St. Ward)
Registration District No. 611
Primary Registration District No. 4258

2. FULL NAME Farrett E. Griffis

(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 16 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 Fannie Irwin Griffis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 27, 1889

7. AGE: Years 47; Months 3; 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. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zinc
10. Date deceased last worked at this occupation (month and year) March 1936
11. Total time (years) spent in this occupation 30.

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

FATHER
13. NAME William C. Griffis
14. BIRTHPLACE (CITY OR TOWN) Granby
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Stacy Poynter
16. BIRTHPLACE (CITY OR TOWN) Eldridge
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Fannie Griffis
(ADDRESS) Spring City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harnet Cemetery DATE 1-29, 1937

19. UNDERTAKER Cody Thompson
(ADDRESS) Neosho Missouri

20. FILED Feb. 6, 1937 Merle Sparlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Jan. 27, 1937
I last saw him alive on Nov. 15, 1937. Death is said to have occurred on the date stated above, at 6:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	4-12

Other contributory causes of importance

Name of operation None Date of
What test confirmed diagnosis? X-Ray 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) R. T. Cheatham, M. D.
(Address) Diamond 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.