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.

MAR 18 1937

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

Do not use this space.

5581

1. PLACE OF DEATH
County Cole
Township
City Jefferson City mo (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 77

2. FULL NAME William Griffen
(a) Residence, No. 1117 West Nec City 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: male
4. COLOR OR RACE: negro
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) Feb. 9-03

7. AGE: YEARS 34 MONTHS – DAYS – If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffer
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) Jefferson city mo

FATHER
13. NAME William Griffen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson city mo

MOTHER
15. MAIDEN NAME Ada Tilly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson city mo

17. INFORMANT (ADDRESS) Wm Griffen J.C. mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New city Cemtry DATE 2-10-1937

19. UNDERTAKER (ADDRESS) L. D. Hardiman J.C. mo.

20. FILED 2/12/1937 S. V. Bedford M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/1937

22. I HEREBY CERTIFY: That I attended deceased from 6 am 2/7/37, 19 to 3 pm 2/7/37, 19
I last saw h alive on 2/7/37, 19 Death is said to have occurred on the date stated above, at 1 oc p m. 2/7/37
The principal cause of death and related causes of importance were as follows:

Shock.

Date of onset

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Other contributory causes of importance:
(1) Haemorrhage
(2) Gunshot wound of abdomen.

Name of operation Laparotomy Date of 2/9/37
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? by Police Date of injury 2/5/1937
Where did injury occur? Jefferson city mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gunshot W. of abdomen
Nature of injury Injury stomach, small intest.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) W. B. Rambo, M. D.
(Address) Jefferson city, Mo