

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. 11304
Township Washington Primary Registration District No. 5127 Registered No. 15
City Halls (No. _____) St. _____ Ward _____

2. FULL NAME Bobby Paul Griffith

(a) Residence, No. Halls, Mo. St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22, 1937</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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) <u>Halls</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Raymond Griffith</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Rushville</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Geneva Ebling</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Halls</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Raymond Griffith</u> (ADDRESS) <u>Halls, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Armstrong Cem.</u> DATE <u>March 9, 1937</u>		
19. UNDERTAKER <u>Clark Mortuary</u> (ADDRESS) <u>St. Joseph, Mo.</u>		
20. FILED <u>3-8</u> 19 <u>37</u> <u>B. H. Farlock</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to March 7, 1937
I last saw him alive on March 7, 1937 Death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:
Bronch Pneumonia
Date of onset 2-5-37

Other contributory causes of importance:
Severe cold

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? _____
If so, specify _____
(Signed) J. W. McRae, M. D.
(Address) D. C. Hall, Mo.

