

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

Do not use this space.

MAY 18 1937

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. 15823
 Township Washington Primary Registration District No. 5127 Registered No. 26
 City Halls (No. _____) St. _____ Ward _____

2. FULL NAME Billie Eugene Griffith

(a) Residence, No. Halls, Mo. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 6 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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Halls
 (STATE OR COUNTRY) Missouri

13. NAME Raymond Griffith

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

15. MAIDEN NAME Geneva Ebling

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

17. INFORMANT Raymond Griffith
 (ADDRESS) Halls, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Armstrong Cem. DATE 4-3-37

19. UNDERTAKER Clark Mortuary
 (ADDRESS) St. Joseph, Mo.

20. FILED April 3, 1937 B. H. Tadlock, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1937, to Mar 31, 1937

I last saw him alive on Mar 31, 1937. Death is said to have occurred on the date stated above, at 3:20 A.M.

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

Septic sore throat
streptococci infection

Date of onset 3-28-37

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? _____
 If so, specify _____

(Signed) J. H. McAlister, M. D.
J. De Kals
 (Address) _____

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.

