

OCT 19 1937

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

Do not use this space.

33272

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Luke's Hospital)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

Theophilus Edgar Griffith

(a) Residence, No. 311 East 43rd 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annabel Durland Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. State Agent & Adjuster for The Continental Insurance Company.
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) Rushville Illinois

13. NAME T. D. Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Helen Munger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT (ADDRESS) Fred V. Griffith (Son) 3916 Wyandotte, Kansas Cy. Mo.

18. BURIAL PLACE Graveside Park, Mt. Moriah Mausoleum Kansas City, Mo. DATE Sept. 15, 1937

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED Sept 13 1937 M. M. Conover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 19 37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on Sept. 12, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Edna

Other contributory causes of importance:
Arterio Sclerosis

Name of operation None Date of _____
What test confirmed diagnosis? Diastolic & Babinski 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) H. Anderson, M. D.
(Address) 1025 Realty

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.

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