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

Do not use this space.

NOV 19 1937

1. PLACE OF DEATH
County Lewis
Township
City Canton (No. , St. Ward)

Registration District No. 477
Primary Registration District No. 4286

File No. 38088
Registered No. 109

2. FULL NAME James Griffin
(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 89 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 Widowed.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 – 1840
7. AGE YEARS 97 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
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) about 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craforchard Kentucky

FATHER
13. NAME Spencer Griffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Susan Ledford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo

17. INFORMANT (ADDRESS) Mrs Sue Richardson (Dau) Canton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Canton DATE 10-2 1937
19. UNDERTAKER (ADDRESS) F. S. Kelly Canton Mo
20. FILED Nov. 2 1937 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937 to Oct 30, 1937
I last saw him alive on Oct 30, 1937 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 24

1860

Other contributory causes of importance:
Fractured rib

Name of operation Date of
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? accident Date of injury Oct 17, 1937
Where did injury occur? Canton Mo Lewis Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Fell on Chair
Nature of injury Fractured rib

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] M.D.
(Address) Canton Mo

194B

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

38088
Do not use this space.

1. PLACE OF DEATH
(a) County: Lewis — Registration District No.: 477
(b) Township: — Primary Registration District No.: 4286 — Registered No.:
(c) City: Canton — (d) Street No.: , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: James Griffin
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
97	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 27 1937 L J Pillard
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

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

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Fractured rib	Oct 24

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 17, 1937
Where did injury occur? Canton Mo. Lewis Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury Fell on chair
Nature of injury Fractured rib

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L J Pillard M. D.
(Address) Canton Mo.

SUPPLEMENTARY

1860

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-38088