

NOV 19 1937

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

Do not use this space.

38167

1. PLACE OF DEATH

County Malone
Township La Plata
City La Plata (No. _____)

Registration District No. 532
Primary Registration District No. 4318

File No. _____
Registered No. 532
St. _____ Ward _____

2. FULL NAME William J. Griffin

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Retired stock buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

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) Kansas

FATHER 13. NAME James Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Tabitha Masley

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

17. INFORMANT Mollie H. Angel (ADDRESS) La Plata Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Plata Mo DATE Oct 18 1937

19. UNDERTAKER D. S. Christie (ADDRESS) _____

20. FILED Oct 27 1937 Chas. Reelmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937 to Oct 16, 1937. I last saw him alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: 8201

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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? NO
If so, specify _____

(Signed) H. O. Newton, M. D.
(Address) La Plata Mo

