

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

Do not use this space.

1. PLACE OF DEATH

County *Frank*
Township *Belton*
City *Belton* (No. *1*)

Registration District No. *647*
Primary Registration District No. *5857*

File No. *38392*
Registered No. *1*

2. FULL NAME

William Madison Griffin

(a) Residence, No. *11* St., *11* 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Jane Griffin*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 11, 1866*

7. AGE YEARS *71* MONTHS *3* DAYS *21* If LESS than 1 day, ...hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
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) *Pine Hill Ky* (STATE OR COUNTRY)

13. NAME *Doris Knowlton*

14. BIRTHPLACE (CITY OR TOWN) *Ky* (STATE OR COUNTRY)

15. MAIDEN NAME *Doris Knowlton*

16. BIRTHPLACE (CITY OR TOWN) *Ky* (STATE OR COUNTRY)

17. INFORMANT *Miss Jane Griffin* (ADDRESS) *1111 1/2 E. 1st St. Belton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marshall Cemetery* DATE *10-23* 1927

19. UNDERTAKER *Robison Mortuary* (ADDRESS) *West Plains*

20. FILED *10-10-1927* *C. A. Beach*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-22* 1927

22. I HEREBY CERTIFY, That I attended deceased from *Oct 16* 1927, to *Oct 22* 1927.

I last saw him alive on *Oct 22* 1927. Death is said to have occurred on the date stated above, at *2:45 p.m.*
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset *10-16*

Other contributory causes of importance: *Chronic interstitial nephritis* 2 yrs ago

Name of operation *none* Date of *none*
What test confirmed diagnosis? *Chronic* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) *C. A. Beach*, M. D.
(Address) *Belton*

