

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

Do not use this space.

304
350 38460

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. Bothwell Hospital) St. _____ Ward _____

File No. _____
Registered No. 668

2. FULL NAME William Edward 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1937 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937, to Oct 23, 1937

I last saw him alive on dead on Oct 23, 1937. Death is said to have occurred on the date stated above, at 12:32 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1937

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
Stallborn

Date of onset

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

Premature - Still born -
Probably due to Placenta previa -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME James C. Griffin

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

15. MAIDEN NAME Beatrice Beasmore

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

17. INFORMANT James C. Griffin (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Oct. 24, 1937

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 10-23-37 Jean Slack Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury no
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. B. Quince M.D. M. D.
10-23-37 Sedalia Mo.

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.

