

JAN 17 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 416 No Garland St. _____ Ward) _____

File No. _____
Registered No. 5332
St. _____ Ward) _____

2. FULL NAME Charles A. Griffin

(a) Residence, No. 416 No Garland 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 77

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired psper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26

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) Ohio 2

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 31

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 31

17. INFORMANT Mrs. Ches. Griffin
(ADDRESS) 416 No Garland

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE 12/28/37 19. _____

19. UNDERTAKER Sheil Funeral Home
(ADDRESS) 6606 Indep Ave

20. FILED 12-27-37 Wm. S. Overman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-37 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____

I last saw Deputy Coroner _____, 19 _____ Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Chronic fibrous myocarditis
Chronic dilatative heart
Hydrotomy 930

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Aubin Was there an autopsy? Yes

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) Russell W. Sen M. D. (Address) _____

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.

