

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County..... BUCHANAN  
Township..... WASHINGTON  
City..... ST. JOSEPH

Registration District No.....  
Primary Registration District No.....  
(No. MO. METH. HOSPITAL

File No. 44757  
Registered No. 1362  
St. .... Ward)

2. FULL NAME JOHN RICHARD GRIFFIN

(a) Residence, No. 718 SOUTH 14TH ST. St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 7 mos. 29 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) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 13, 1937

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

22. I HEREBY CERTIFY, That I viewed deceased from Dec 13th, 1937 to Dec 13th, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 24, 1906

I last saw h. l. M. alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:50 A.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 31 7 19

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. EMPLOYEE GOETZ BREWING CO.

Injuries received when the auto he was driving collided with an Interurban car on St. Joseph Ave.

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

10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK

Date of onset  
Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

Name of operation no Date of

13. NAME J. D. GRIFFIN

What test confirmed diagnosis? History Was there an autopsy? NO

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HELENA, MISSOURI

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/5, 1937

15. MAIDEN NAME ELIZABETH STUCKI

Where did injury occur? St. Joseph, MO (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HELENA, MISSOURI

Specify whether injury occurred in industry, in home, or in public place. Public place auto collision

17. INFORMANT (ADDRESS) WES GRIFFIN, BROTHER, ST. JOSEPH, MISSOURI.

Nature of injury Fractured skull & Jaw bone

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. AUBURN CE4. DATE DEC. 15, 1937.

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

If so, specify B. W. Tadlock Coroner, M. D.

20. FILED 12/14, 1937 J. Westbush Registrar.

(Address) King Hill Pl68

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

