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.

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

Do not use this space.

REC'D APR 6 1938

File No. 10928

Registered No. 18

Registration District No. 378

Primary Registration District No. 5-5-28

1. PLACE OF DEATH

45

County Howard,

Township Burton,

City ..... (No. 2, ... St. ..... Ward)

2. FULL NAME Joseph C. Griffin, / 615

(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

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 Mattie Griffin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/15th 1854

7. AGE YEARS 83 MONTHS 3 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY) Tennessee /

FATHER

13. NAME Sam Griffin, /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee, /

MOTHER

15. MAIDEN NAME Lizzie Rogers.

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

17. INFORMANT Bryant Cox.
(ADDRESS) Keytsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytsville DATE 4/1st 1938, 19

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Apr. 5, 1938 V. A. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3.30th 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1938, to 3-30, 1938

I last saw him alive on 3-24, 1938. Death is said to have occurred on the date stated above, at 8-P ..... m.

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

	Date of onset
Myocarditis, chronic	1938

Other contributory causes of importance:

Senility — 93C'

Name of operation none Date of .....

What test confirmed diagnosis? Physfinding, 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) D. Lee Coffman, / M. D.

339 (Address) Fayette, Mo.