

REC'D MAY 18 1938

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

14434

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cooper Registration District No. 217  
(b) Township Blackwater Primary Registration District No. 5297 Registered No. ....  
(c) City ..... (d) Street No. ....  
(e) Length of residence in city or town where death occurred 6 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. GILBERT GRIFFITH St. 613  
Cooper County (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Mrs Emma Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1861

7. AGE YEARS 77 MONTHS 2 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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

10. Data deceased last worked at this occupation (month and year) Mar 1938 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown13. NAME Elliot Griffith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Sarah Bouldiner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT (ADDRESS) Andrew Griffith  
N. West Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Lake Cem. DATE Apr 17 193819. FUNERAL DIRECTOR (ADDRESS) Hayes & Stocklein  
Elletts Grove Mo.20. FILED 4 18 1938 W. J. Abbey Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 - 193822. I HEREBY CERTIFY, that I attended deceased from Feb 15 1938 to Apr 16 1938I last saw him alive on Apr 16 1938 Death is said to have occurred on the date stated above, at 12:30 A.

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

Thrombosis of  
General Artery  
Coronary ganglion  
of left  
8. st. leg  
Date of onset 4 1938

Other contributory causes of importance:

Arterio-sclerosis  
Chronic interstitial  
nephritis

Name of operation none Date of .....  
What test confirmed diagnosis? steth Was there an autopsy? no23. 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) W. J. Abbey, M. D.(Address) Blackwater 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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**