

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

32118
 Do not use this space.

DECEASED OCT 24 1938

1. PLACE OF DEATH

(a) County Douglas Registration District No. 1061
 (b) Township Miller Primary Registration District No. 5385 Registered No. _____
 (c) City Ava, Missouri (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hurl Elbert Griffin

(a) Residence, No. Route 2, Ava, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) 8-25-1938 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1938, to 8-25, 1938

I last saw him alive on 8-24, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1938

to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 5 0 _____

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

Enterocolitis Date of onset 8-20-38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Route 2, Ava, Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Elbert Griffin

14. BIRTHPLACE (CITY OR TOWN) R, Ava, Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Nancy Rines

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

17. INFORMANT Orya Hall (ADDRESS) R 2, Ava Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dyer DATE 8-25-38 1938

19. FUNERAL DIRECTOR neighbor (ADDRESS)

20. FILED Oct 12 1938 U.S. Mcrite Local Registrar.

Name of operation Phys Date of _____
 What test confirmed diagnosis? Ex 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) R M Norman, M. D.
 (Address) Ava Mo

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

Dr. P. M. Norman

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 the above constitutes grounds for revocation of license.)