

DEC 21 1938

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

Do not use this space.

40499

1. PLACE OF DEATH
Registration District No. 816
Township Bellevue Primary Registration District No. 6065
City 615 Kearney (No. 1) St. Mo. Ward 23
2. FULL NAME Frank David Griffin
(a) Residence, No. RFD # 2 - Chaffee St. Mo. Ward 23
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. 11 mos. 11 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF "
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 10 11 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Chaffee Mo.
13. NAME Frank David Griffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atterville Mo.
15. MAIDEN NAME Ernest Pryor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atterville Mo.
17. INFORMANT Frank Griffin
(ADDRESS) Chaffee Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE W. P. Tom Coffin Home DATE Nov. 25, 1938
19. UNDERTAKER Frank Tom
(ADDRESS) Chaffee Mo.
20. FILED 11/25 1938 W. D. Timney Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Nov. 24, 1938
I last saw him alive on Nov. 24, 1938. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:
Acute enterocolitis
Date of onset Nov. 15-38
Other contributory causes of importance:
11/12
Name of operation " Date of "
What test confirmed diagnosis? " 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 ", 1938
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) Hubert M. DeLeyens, M.D.
(Address) Chaffee - 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.

