

1939 MAR 20 1939

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

7582
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733
 (b) Township _____ Primary Registration District No. 4438 Registered No. _____
 (c) City Huntsville (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

613 THOMAS ELLSWORTH, GRIFFITHS
 (a) Residence, No. _____ 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939 to Feb 24, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1869

I last saw him alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 11 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 5 10

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

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

Influenza Date of onset Feb 1939
ch. myocarditis D. K.
arteriosclerosis D. K.
 Other contributory causes of importance: q3c

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aronton Ohio

Name of operation none Date of _____

FATHER 13. NAME Richard Griffiths

What test confirmed diagnosis? exam Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Tom Maunie Griffiths
Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Feb 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville Mo

20. FILED Mar 1 - 1939 Mal D. A. Baruhart
 Local Registrar.

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) Philip Dreyer, M. D.
 (Address) Huntsville Mo

Exact statement of OCCUPATION is very important.

AUG 6 1941

SEP 5 1941

RECEIVED

District Health Officer No. 10

District File Number 10-39-411

Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by Paul J. Patton

Registered Apprentice No. ~~142~~ 142, working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Printeville

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.)

If this body is not embalmed, above space should be left blank.