

REC'D APR 13 1939

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

10278
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 102
(c) City Fulton (d) Street No. State Hospital #1 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. 2 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

615 William A Griffin
(a) Residence, No. Marion County 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4th 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 1 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Arteriosclerosis
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co. Mo.

FATHER 13. NAME Isaac Griffin

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

MOTHER 15. MAIDEN NAME Rachelle Finn

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

17. INFORMANT (ADDRESS) State Hosp. #1 - record Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal Mo DATE April 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. H. Wallace Fulton Mo

20. FILED April 2 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to April 3rd 1939
I last saw him alive on April 2nd 1939. Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
97
Other contributory causes of importance:
Psychosis with cerebral arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Yes. J. Wood M. D.
(Signed) State Hosp. #1 Fulton Mo
(Address) 101

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

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

Signed.....

Les. H. Wallace

Licensed Embalmer No. *3373*

P. O. Address *Fulton, Mo.*

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.