WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D MAY 18 1939

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

Do not use this space.

File No. 15765

Registered No. 130

1. PLACE OF DEATH

County Pettis — Registration District No. 668

Township — Primary Registration District No. 3032

City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME 620 Clarence Henry Griggs

(a) Residence, No. 1410 E. 5th St., ... Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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. Ella Griggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 27, 1874

7. AGE: YEARS 65 — MONTHS 2 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Light & Traction Co.

10. Date deceased last worked at this occupation (month and year): 3/24/39

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockville Missouri

FATHER

13. NAME: John M. Griggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mary E. Nolin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Ella Griggs Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Crown Hill DATE: 4/17 39

19. UNDERTAKER (ADDRESS): Duane Ewing Sedalia

20. FILED 4-15- 1939 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from APRIL 4, 1939, to APRIL 14, 1939

I last saw him alive on APRIL 14, 1939. Death is said to have occurred on the date stated above, at 9:30A m.

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

	Date of onset
uremia	
1	
Other contributory causes of importance: chronic nephritis and cyclitis	

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 ....., 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) Gordon Hauffacher, M. D.

(Address) Sedalia Mo

Dr. Stauffcher
5th + Engineer

RECEIVED
District Health Officer No. 8
District File Number 3/5/39
Date Filed