

REC'D JUN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18118
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 562
 (c) or City St. Joseph (d) Street No. 517 Mitchell Ave. 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 STEVE GRIFFIS

(a) Residence, No. 517 Mitchell Ave. 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 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 Jessie Griffis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th. 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 1

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

12. BIRTHPLACE (CITY OR TOWN) Purlaski /
 (STATE OR COUNTRY) Ky. /

FATHER 13. NAME Riley Griffis /

14. BIRTHPLACE (CITY OR TOWN) Unknown /
 (STATE OR COUNTRY) Ky. /

MOTHER 15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Jessie Griffis
 (ADDRESS) 517 Mitchell Ave St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE May 31st, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC
 (ADDRESS) L946 Calhoun St. Joseph, Mo.

20. FILED May 31 1939 H. J. Nestlebusch
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th., 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to May 29, 1939
 I last saw him alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 8.15pm
 The principal cause of death and related causes of importance were as follows:

Pulmonary T.B.

Date of onset

Other contributory causes of importance:

Name of operation Tomy, then repair of
 What test confirmed diagnosis Tomy Was there an autopsy? Yes

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? Yes
 If so, specify _____ (Signed) J. M. Allaman, M. D.
 (Address) Centrose road, St. Joseph

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.....

John E. Rupp

Licensed Embalmer No.....

P. O. Address.....

3986
St Joseph

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.