

1939 JUN 13 1939

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

Do not use this space.

19650

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River Mo.

Registration District No. 774
Primary Registration District No. 4465

File No. _____
Registered No. 875
St. _____ Ward _____

2. FULL NAME

66 Joseph Griffard
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Griffard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 0 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) 6-7-39 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo.

13. NAME Bazile A. Griffard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo

15. MAIDEN NAME Caroline Strayer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Gene Griffard FLAT RIVER Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE 6-7 1939

19. UNDERTAKER (ADDRESS) Goodheart & Goodheart, 111 So. Locust St. St. Louis Mo

20. FILED 6/7 1939 C. B. HERRON Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-7 1939, to 6-7 1939

I last saw him alive on instant death 196/7/39 Death is said to have occurred on the date stated above, at 5 A. M.

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

Instant death Date of onset _____

apoplexy

Other contributory causes of importance: g. d. v.

Name of operation _____ Date of _____

What test confirms 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) C. B. HERRON M. D.

(Address) Flat River 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.

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