

JUL 14 1939

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

21788
Do not use this space.

1. PLACE OF DEATH

(a) County Cassell Registration District No. 136

(b) Township De Witt Primary Registration District No. 5194

(c) City De Witt (d) Street No. De Witt, Mo. 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 Infant Griffith

(a) Residence, No. De Witt, Mo. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt, Mo.

FATHER

13. NAME Paul Daniel Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt, Missouri

MOTHER

15. MAIDEN NAME Sally Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt, Missouri

17. INFORMANT (ADDRESS) Paul Griffith De Witt Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cypress Hill DATE June 17, 1939

19. FUNERAL DIRECTOR (ADDRESS) William H. Hone De Witt, Mo.

20. FILED June 17, 1939 Alta Henderson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939

22. I HEREBY CERTIFY, that I attended deceased from for 2 hrs June 17, 1939, 1939. I last saw her alive on June 17, 1939. Death is said to have occurred on the date stated above, at 8 A. m. The principal cause of death and related causes of importance were as follows:

Premature labor born at 6 months pregnancy.

Other contributory causes of importance: 159

none

Name of operation none Date of —

What test confirmed diagnosis clinical 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? If so, specify (Signed) Harry E. Tatum, M. D. (Address) De Witt, Mo.

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.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7/11/39

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ralph Van Landingham

Licensed Embalmer No. 4009

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.)