

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

Do not use this space.

1275

**1. PLACE OF DEATH**

County Jackson  
Township Lebanon  
City Lebanon

Registration District No. 399  
Primary Registration District No. 1002  
(No. 2454 College)

File No. 230  
Registered No. 230  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 02454 College St. \_\_\_\_\_  
(Usual place of abode)

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

**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 Ann Griffin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5-6 | 5 | 6 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Welder  
(b) General nature of industry, business, or establishment in which employed (or employer) Iron Foundry  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

10. NAME OF FATHER Allen Griffin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no

12. MAIDEN NAME OF MOTHER Mary Ann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs. Mary Ann Griffin  
(Address) 2454 College

15. Jan 27 1928 M. M. Casper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 22, 1928, to Jan 22, 1928, that I last saw him alive on Jan 20, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Dilatation of Heart

97 952 913 (duration) \_\_\_\_\_ mos. \_\_\_\_\_ da.  
CONTRIBUTORY (SECONDARY) Chronic Cerebral Arterio-Sclerosis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED at place of death.  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Joseph P. Kelly M. D.  
1/27 1928 (Address) 1112 Harrison St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Westmang's Cemetery DATE OF BURIAL Jan 24 1928

20. UNDERTAKER John A. Muser ADDRESS 1415 215

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.

