

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

Do not use this space.
1562

1. PLACE OF DEATH

County Jackson
Township 9th Kaw
City St. Marys Hospital

Registration District No. 399
Primary Registration District No. 3002

File No. _____
Registered No. 3107
St. 3rd Ward

2. FULL NAME

(a) Residence No. 2210 Kansas Ave Rosedale Kansas
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Halley Griffin
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 0 2
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Painter (b) General nature of industry, business, or establishment in which employed (or employer) Proprietor (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
10. NAME OF FATHER Patrick Griffin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Keitt (Address) Pittsburg Pa.
15. FILED 1-27-31 M. J. Owens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-26-31
I HEREBY CERTIFY that I attended deceased from _____, 1931 to _____, 1931 that I last saw him alive on Jan 25 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma of pancreas metastatic in the liver
6 yrs. mos. da. (duration)
CONTRIBUTORY (SECONDARY) Arteriosclerosis
Anemia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Rosedale Kansas
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-14-31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Operation and autopsy
(Signed) M. J. Owens M. D.
1-27-31 (Address) 3110 34 Kialto Bldg

*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 Pittsburg Pa. DATE OF BURIAL Jan 30 1931
20. UNDERTAKER H. C. Bergman ADDRESS City

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.

