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

Do not use this space.

14445

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kansas (No. 111 Warner Ave St. Ward)
Registration District No.: 39
Primary Registration District No.: 1002
File No.:
Registered No.: 1965

2. FULL NAME: Altie Griffith
(a) Residence. No. 111 Warney Ave St., 9 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: 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: Hazel Griffith
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1897
7. AGE: Years 33 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor 237
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo
PARENTS
10. NAME OF FATHER: Chas Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Orleans La
12. MAIDEN NAME OF MOTHER: Nagel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.
14. INFORMANT: Hazel Griffith
(Address) 111 Warner Ave
15. FILED 4/28, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr - 26 1931
17. I HEREBY CERTIFY, That I attended deceased from Apr. - 14, 1931, to Apr - 26, 1931 that I last saw him alive on Apr 26, 1931, and that death occurred, on the date stated above, at 3 pm m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108 (duration) yrs. mos 12 ds.
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin. & Lab
(Signed) Fred Stevens, M. D.
4/20, 1931 (Address) 804 Argyle

*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: Mt St Mary Cemetery | DATE OF BURIAL: 4-29 1931
20. UNDERTAKER: Passantino Bros | ADDRESS: K.C. 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.