

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

Do not use this space.

28315

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3326 Woodland) St. _____ Ward _____

File No. _____
Registered No. 3449
St. _____ Ward _____

2. FULL NAME James H. Griffin

(a) Residence. No. 3326 Woodland St. 13 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mollie Griffin</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 6th, 1864</u>		
7. AGE YEARS <u>67</u>	MONTHS	DAYS <u>5</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>K.C.P.S.CO.</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) New York

PARENTS	10. NAME OF FATHER <u>No Data</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>
	12. MAIDEN NAME OF MOTHER <u>No Data</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>

14. INFORMANT Edw. W. Griffin
(Address) 412 East 70th. St. Terr

15. FILED 8/12 31 M. M. Cronin
REGISTRAR
Ans.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 11th, 1931
17. I HEREBY CERTIFY. That I attended deceased from Aug 10th, 1931 to Aug 11, 1931.
that I last saw him alive on Aug 11, 1931, and that death occurred, on the date stated above, at 10.20AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis
179
930
Short (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY unknowns probably ptomain
(SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

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?
(Signed) E. W. Dunlop M. D.
8/12 1931 (Address) 314 Wirthman Bldg
3121 + 3rd 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 St. Mary's Cemetery DATE OF BURIAL 8-13 1931

20. UNDERTAKER W. F. Hayberry 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.

811 5th St
Portland, Me
7/23/03

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