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

Do not use this space.

MAY 25 1934

(44)

1. PLACE OF DEATH

County: CLAY — Registration District No.: 198

Township: Fishing River — Primary Registration District No.: 30 11

City: Excelsior Springs, Mo. (No. Veterans Administration Hospital St. 3rd Ward)

File No.: 12258

Registered No.:

2. FULL NAME: Harvey L. Griffin

(a) Residence, No.: Springfield, Mo. St.: 860 N. Grant Ave. Ward:
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6, 1895

7. AGE: Years 38 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Barber Shop

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

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Mo.

FATHER

13. NAME: Thomas W. Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Roxie Courtney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Deceased Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Springfield, Mo. DATE: 4-23-34, 19

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs, Mo.

20. FILED: 4-23-, 1934 Mm Rea McCrayton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1934 to April 22, 1934

I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileocolitis, Subacute Non Specific	

Other contributory causes of importance:

Name of operation: XX Date of: XX

What test confirmed diagnosis? Exam & Obs. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XX Date of injury: XX, 19

Where did injury occur? XX
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
XX

Manner of injury: XX

Nature of injury: XX

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. H. O. Hardegree, M. D.

(Address) VAF, Excelsior Springs, Mo.

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.