

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

Do not use this space.

36017

**1. PLACE OF DEATH**

County JACKSON Registration District No. 300  
 Township RAW Primary Registration District No. 2  
 City KANSAS CITY (No. TRINITY LUTHERAN HOSPITAL St.          Ward)

File No.           
 Registered No. 4518

**2. FULL NAME** THOMAS A GRIFFIN

(a) Residence, No. 606 INDIANA AVE. St.          Ward.           
 (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 <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. BEATRICE GRIFFIN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG-28-1866</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>
	DAYS <u>9 days</u>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>PRINTER</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CHICAGO  
 (STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME PATRICK GRIFFIN

FATHER 14. BIRTHPLACE (CITY OR TOWN) IRELAND  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME DOROTHY UNKNOWN

MOTHER 16. BIRTHPLACE (CITY OR TOWN) IRELAND  
 (STATE OR COUNTRY)

17. INFORMANT MRS. BEATRICE GRIFFIN  
 (ADDRESS) 606 INDIANA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE OCT-10 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED OCT 10 1934 7 m. Corone  
202 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1934 to 10/7 1934  
 I last saw him alive on 10/7 1934, 1934 Death is said to have occurred on the date stated above, at 7:50 p.m.

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

Cerebral Hemorrhage (Date of onset 8:20 9/7)  
arterio-sclerotic of arteries

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? yes

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

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

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

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

Manner of injury         

Nature of injury         

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

If so, specify         

(Signed) D.R. Russell, M. D.

(Address) 2231 E. 11th

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.

Dr. W. A. Russell

3011 A. Independence Ave.

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