

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.

FEB 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

City St. Joseph

Primary Registration District No. 1001

(No. St. Joseph's Hospital)

File No. 297

Registered No. 121

St. _____ Ward _____

2. FULL NAME Cecil Rayman Griffin

(a) Residence, No. R.R. # 6 - St. Joseph Mo. St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 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 Crystal Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 29 8 73

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington Ry. Shop
10. Date deceased last worked at this occupation (month and year) Jan 19 1935 11. Total time (years) spent in this occupation. 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Missouri

FATHER 13. NAME John W. Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

MOTHER 15. MAIDEN NAME Sarah Dinn Woodie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co., Missouri

17. INFORMANT Mrs. Crystal Griffin

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Auburn Cem DATE Jan 29 1935

19. UNDERTAKER Flanagan Mortuary

20. FILED 1-29-35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/19/35, 1935, to 1/27/35, 1935. I last saw him alive on 1/27/35, 1935. Death is said to have occurred on the date stated above, at 11:55 am. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of liver Date of onset 1931
mesenteric thrombosis 1/19/35

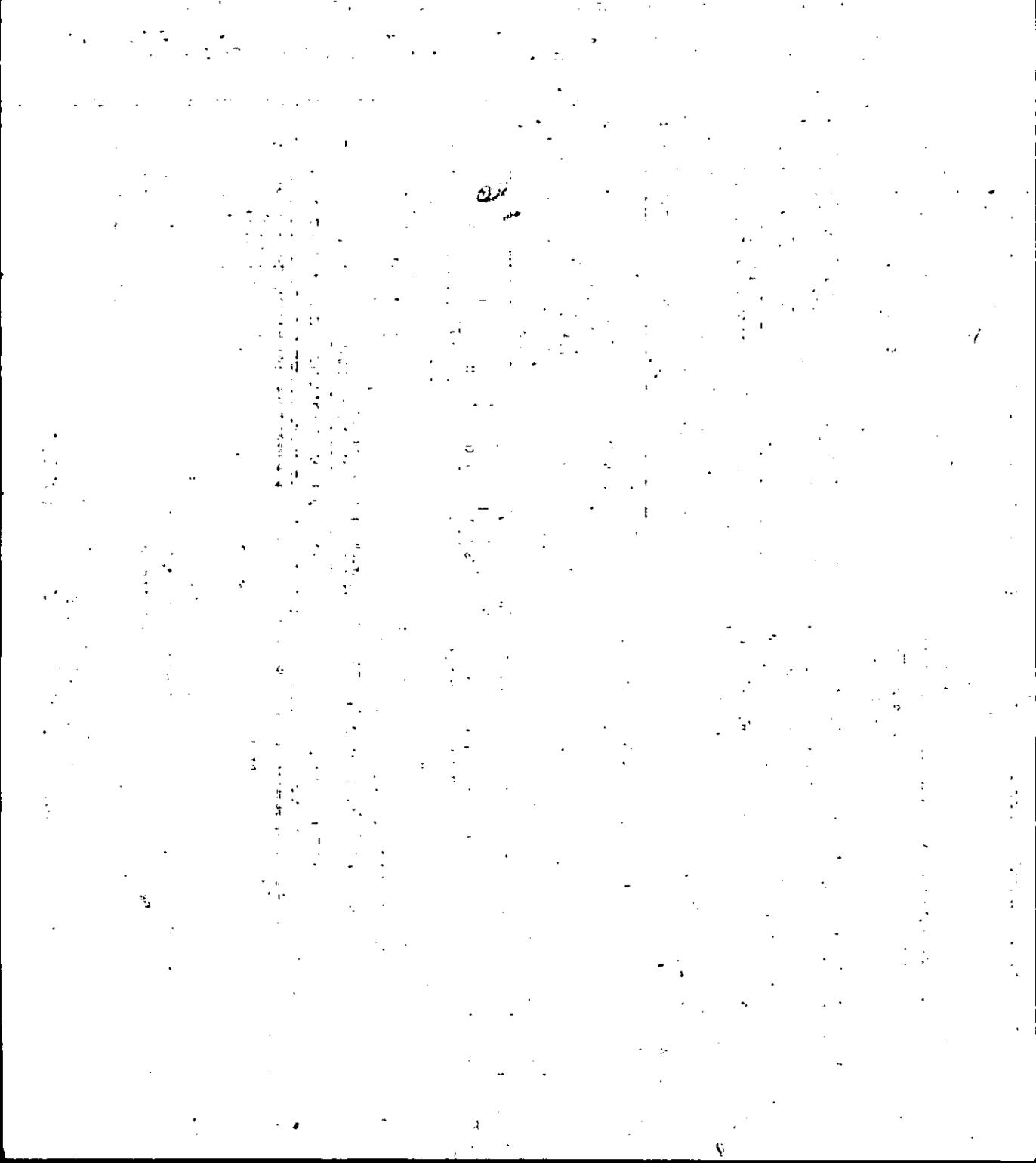
Other contributory causes of importance: Previous operation splenectomy 1932
of Arteriosclerosis of liver

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) C. M. Mallory, M. D.
(Address) St. Joseph, Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Beecher Registration District No. 85 File No.
 Township St. Joseph Primary Registration District No. 1001 Registered No. 121
 City St. Joseph (No. St. Joseph Hosp) St. Ward)

2. FULL NAME Leslie Raymond Griffin
 (a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 8 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 4-3- 19.. 35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 19.. 35

22. I HEREBY CERTIFY That I attended deceased from, 19.., to, 19..
 I last saw alive on, 19.. Death is said to have occurred on the date stated above, at, m.
 The principal cause of death and related causes of importance were as follows:

Splenectomy was done for a ruptured Spleen.

Date of onset

Other contributory causes of importance:
Previous operation Splenectomy 12/4/31
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 Waller
 (Signed), M. D.
 (Address)

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAR 26 1935

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