

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.

MAY 29 1935

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

Do not use this space.

13467

1. PLACE OF DEATH Linn  
 County..... Registration District No. 196  
 Township..... Primary Registration District No. 3025  
 City..... Brookfield (No. 124, West Clayton St. .... Ward)

File No.....  
 Registered No. 11

2. FULL NAME Erastus Jerome Griffin  
 (a) Residence, No. .... St. .... Ward. Bucklin, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Ellen Griffin</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/25/1861</u>			
7. AGE YEARS <u>73.</u>	MONTHS <u>5</u>	DAYS <u>17</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>farmer</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) (STATE OR COUNTRY) <u>Scranton Pa.</u>			
FATHER	13. NAME <u>George Griffin</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scranton Pa.</u>		
MOTHER	15. MAIDEN NAME <u>Elizabeth Warner</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Pa.</u>		
17. INFORMANT (ADDRESS) <u>Joe Griffin</u> <u>Mableine, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bucklin, Mo</u> DATE <u>4/14/35</u> 19..			
19. UNDERTAKER (ADDRESS) <u>C. W. ...</u> <u>Brookfield Mo</u>			
20. FILED <u>May 1</u> 19 <u>35</u> <u>J. Lucas, M. D.</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12/35, 19..

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1935, to 4-11, 1935  
 I last saw him alive on 4-10, 1935. Death is said to have occurred on the date stated above, at 2:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Ch. Myocarditis  
 Date of onset unknown

Other contributory causes of importance:  
None

Name of operation None Date of .....

What test confirmed diagnosis? Cholesterol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ....., 19..  
 Where did injury occur? ....., 19..  
 (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? M  
 If so, specify .....

(Signed) John Evans, M. D.  
Brookfield Mo  
 (Address)

