SEP 2 1 1935

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

Do not use this space.

26884

File No.

Registered No. 87

1. PLACE OF DEATH

County Lawrence — Registration District No. 470

Township Mt. Vernon — Primary Registration District No. 5633

City ~~Aurora~~ (No. R.F.D.#1 St. Ward)

2. FULL NAME William D Griffith

(a) Residence, No. R.F.D.#1 Aurora 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Jackson Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15-1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	7	6	

OCCUPATION

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

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) Barry County Missouri

FATHER

13. NAME Marion P Griffith

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

MOTHER

15. MAIDEN NAME Louisa Johnson

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

17. INFORMANT (ADDRESS) Mrs Sol Shoemaker Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo. DATE Aug 22, 1935

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo

20. FILED Aug. 22, 1935 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1935, to Aug. 21, 1935

I last saw him alive on Aug. 16, 1935. Death is said to have occurred on the date stated above, at 8.00 A.M.

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

	Date of onset
Mitral insufficiency	

Other contributory causes of importance:

Name of operation none Date of

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

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

Accident, suicide, or homicide? none 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) Thomas D. Miller, M. D.

(Address) Aurora 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.

[illegible]