

DEC 19 1935

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

Do not use this space.

36780

1. PLACE OF DEATH

County Montgomery
Township _____
City Wellsville (No. _____)

Registration District No. 595
Primary Registration District No. 4353

File No. 21
Registered No. 21
St. _____ Ward _____

2. FULL NAME Jesse Marvin Griffith

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mary Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-11-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 7 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Blind)
9. Industry of 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) Madison County, Mo

MOTHER FATHER
13. NAME Geo. J. Griffith

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

MOTHER
15. MAIDEN NAME Martha Downing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co., Mo

17. INFORMANT Dorsey J. Griffith
(ADDRESS) Madison Mo

18. BURIAL INFORMATION, OR REMOVAL PLACE Wellsville Mo DATE Nov-11-1935

19. UNDERTAKER F. W. Ruckne
(ADDRESS) Wellsville Mo

20. FILED Nov 11, 1935 W. H. McDevitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Nov 9, 1935
I last saw him alive on Nov 9, 1935. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Nov 1934

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy 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? No
If so, specify _____ (Signed) R. G. Hanford, M. D.
(Address) Wellsville 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.

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