

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Green Registration District No. 318
Towship _____ Primary Registration District No. 2001
City Springfield, Mo. No. St. Johns Hospital St. _____ Ward _____
2. FULL NAME Samuel Patterson Griffith
(a) Residence. No. _____ St. _____ Ward Washart, 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 11969
Registered No. 0275

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs Mary Griffith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-15-1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 3 13
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section foreman
(b) General nature of industry, business, or establishment in which employed (or employer) on Railroad
(c) Name of employer Missouri

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28-37
17. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to _____, 1937, that I last saw him alive on _____, 1937, and that death occurred, on the date stated above, at _____, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema of lungs
Supra-pulvic respiratory
obstruction
Wernicke (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Wernicke Retention acute (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogers Ark
10. NAME OF FATHER Martin Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Mary Ann White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

18. WHERE WAS DISEASE CONTRACTED 135
IF NOT AT PLACE OF DEATH, DATE OF _____
DID AN OPERATION PRECEDE DEATH, DATE OF _____
WAS THERE AN AUTOPSY, _____
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) James E Steery, M. D.
(Address) Springfield Mo

14. INFORMANT (Address) Mary Griffith
Washart Mo
15. Mar 29 1937 Chas A George REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Carroll Cemetery Mar 30 1937
20. UNDERTAKER ADDRESS
Hutchison Bolivar, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

