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 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Boone — Registration District No.: 73 — File No.: 15684

Township: — Primary Registration District No.: 3006 — Registered No.: 118

City: Columbia (No.: Boone County Hospital St.: Ward:)

2. FULL NAME: Lee Griffith

(a) Residence, No.: 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1937

7. AGE: Years — Months — Days — If LESS than 1 day, ... hrs. or 45 min.

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): Columbia, Mo.

FATHER

13. NAME: Douglas Frank Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton City, Mo.

MOTHER

15. MAIDEN NAME: Nellie Mae Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia, Mo.

17. INFORMANT (ADDRESS): Douglas F. Griffith, Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Columbia Cem. DATE: 4-29-1937

19. UNDERTAKER (ADDRESS): Parker Furniture Co., Columbia, Mo.

20. FILED: 4/29/1937 Allie Selby, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1937, to 4-29, 1937

I last saw he alive on alive 4/29, 1937. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Premature Birth — Date of onset: 4/29/37

Other contributory causes of importance:

159

Name of operation: Date of:

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

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) W. O. Fitchen, M. D.

(Address) Columbia Mo.