

DEC 17 1937

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

Do not use this space.

41210

1. PLACE OF DEATH

County Franklin

Registration District No. 297

File No.

Township

Primary Registration District No. 3016

Registered No. 85

City Washington, Mo. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Benjamin Griffin

(a) Residence, No. 807 W. 7th St., Washington Mo Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Helen Ihler Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 4 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) White Cloud, Kans. (STATE OR COUNTRY)

13. NAME Leonard Griffin

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Brownlee

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Mrs. Lloyd Davidson (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington, Mo. Nov. 4, 1937

19. UNDERTAKER Otto & Co., Washington, Mo. (ADDRESS)

20. FILED Nov. 3 - 1937 H. C. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1937 to Nov. 2, 1937

I last saw him alive on Nov. 2, 1937 Death is said to have occurred on the date stated above, at 11:25 P.M.

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

Cerebral Haemorrhage

Date of onset 4-8-37

Other contributory causes of importance: Arteriosclerosis

1-15-35

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) [Signature], M. D.  
(Address) Washington, 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.

