

REC'D SEP 16 1938

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

Do not use this space.

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28201

1. PLACE OF DEATH

3 County Atchison Registration District No. 17
 Township Dale Primary Registration District No. 5022
 City Craig, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0

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) Craig, Mo.13. NAME Mr. Floyd Amos Griffey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravenwood, Mo.15. MAIDEN NAME Eva May Puett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo.17. INFORMANT Mr. Floyd Griffey
(ADDRESS) Craig, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Unknown (at Home) DATE 8/8/3819. UNDERTAKER Schooler Bros.
(ADDRESS) Craig Mo.20. FILED Sept 10, 1938 Fette B. Black Registrar. 15 (Address) Craig, Mo. ?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Aug 8, 1938I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. C. White, M.D.(Address) Craig, Mo. ?

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

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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