

250 OCT 25 1938

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

Do not use this space.

PLACE OF DEATH

County Marion  
Township Marion  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3029  
(No. St. Elizabeth Hospital)

File No. 32741  
Registered No. 243  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joe Joe Griffen

(a) Residence, No. Oakwood Missouri 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

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 Neva

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-11-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist  
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) Hutchinson Kansas

MOTHER FATHER 13. NAME Walter Griffen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Agusta McKee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop Missouri

17. INFORMANT Herritt Griffen (ADDRESS) Oakwood Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE Sept. 18, 1938

19. UNDERTAKER Smith Funeral Home (ADDRESS) Hannibal Missouri

20. FILED Sept 20, 1938 M. C. Shelby Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 12, 1938 to Sept 15, 1938. I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 10:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute Pancreatitis Date of onset

Other contributory causes of importance: Ob. Disease

Name of operation Laprotomy Date of Sept 13-38  
What test confirmed diagnosis? Lab. 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) M. C. Shelby, M. D.  
(Address) Hannibal

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

32741-

Do not use this space.

1. PLACE OF DEATH  
(a) County Marion Registration District No. 547  
(b) Township Hannibal Primary Registration District No. 3029 Registered No. 248  
(c) City Hannibal (d) Street No. St. Elizabeth Hosp. St. Mo.  
(If death occurred in hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joe Griffin  
(a) Residence, No. Oakwood mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 - 4  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
17. INFORMANT (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
19. FUNERAL DIRECTOR (ADDRESS)  
20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 19 95  
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance were as follows:  
Acute Pancreatitis Date of onset  
177  
Other contributory causes of importance:  
Gall bladder disease  
Cholecystitis  
Name of operation Laparotomy Date of 9-15-95  
What test confirmed diagnosis? 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?  
If so, specify No.  
(Signed) Dr. F. Francka, M. D.  
(Address) Hannibal Mo.

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly translated.

