

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.

REC'D JAN 6 1939

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

Do not use this space.

42776

1. PLACE OF DEATH

24 County Clay Registration District No. 200  
Township Keamey Primary Registration District No. 5-279B  
City Keamey (No. R 42 No 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 15

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1863

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
74 9 28

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. Farmer

10. Date deceased last worked at this occupation (month and year) Oct 7 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME James H. Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Ann Dyff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Henry M. Griffith  
Keamey Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McAlmet DATE Oct 9 1938

19. UNDERTAKER (ADDRESS) C. W. Nessel  
Keamey Mo

20. FILED 10/9 1938 Chas. L. Smith  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on Coroner, 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:

While digging a stump he he got his finger stuck and drops - slipped & hit stump fall out his head killing him. Should say instantly. Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation 710 Date of MO

What test confirmed diagnosis? Smear body Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10-7-1938

Where did injury occur? in his farm Clay County, Henry MO

Specify whether injury occurred in industry, in home, or in public place. on farm

Manner of injury knocked head

Nature of injury head

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify Mr. W. H. Young Coroner M. D.

(Signed) Chas. L. Smith (Address) Clay County MO

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/29/38