

RECD APR 15 1939

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

10983
Do not use this space.

1. PLACE OF DEATH
 (a) County Holt Registration District No. 372
 (b) Township Liberty Primary Registration District No. 2519
 (c) City _____ (d) Street No. _____
 (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 613 Homer Floyd Griffith
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Holt County, Mo.
 FATHER 13. NAME Isaac Griffith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Anna Naumann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT (ADDRESS) William Hartman
Mound City Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 3/15 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Crawford
Mound City, Mo.
 20. FILED Mar 20 1939 J. C. Crum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 20 1939, to Mar 11 1939
 I last saw him alive on Mar 11 1939 Death is said to have occurred on the date stated above, at 1 p. m.
 The principal cause of death and related causes of importance were as follows:
Coronary artery occlusion
4410
Wed suddenly Mar 12 39
 Other contributory causes of importance: None
 Name of operation None 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? No
 If so, specify _____
 (Signed) J. C. Crum, M. D.
 (Address) Mound City Mo
333

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

MARGIN RESERVED FOR BINDING

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.

30M-9-19-39 I X1603

RECEIVED

District Health Officer No. 111

District File Number 39-305

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *H. C. Crawford*

Licensed Embalmer No. 1824

P. O. Address Maund City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.