

REC'D APR 24 1938

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

11387
Do not use this space.

1. PLACE OF DEATH

(a) County Fewis 1 Registration District No. 4277
(b) Township Canon Primary Registration District No. 4286 Registered No. 17
(c) City Canon (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

(a) Residence, No. B15 John W. Griffin St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 1869</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>5</u>	<u>19</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>			
	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) <u>Mar 19 1938</u>		11. Total time (years) spent in this occupation <u>40</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canon Mo</u>			
FATHER	13. NAME <u>James Griffin</u> 1			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentuckey</u> 1			
MOTHER	15. MAIDEN NAME <u>Mrs. Nettie</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Sue Richardson Canon Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Canon</u> DATE <u>3-26-38</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>W. S. Kelly Canon Mo</u>				
20. FILED <u>Mar 25 1938</u> <u>H. W. Harris MD</u> (Address) <u>Canon Mo</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 23 1938 to Mar 24 1938
I last saw him alive on Mar 24 1938. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Mar 3
g. J. W.

Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Spec 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) S. J. Hillman

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.

I. X12004

RECEIVED

District Health Officer No. 10

District File Number 10-39-576

Date Filed APR 14 1939

STATEMENT BY LICENSED EMBALMER

I, W. D. Kelly, Licensed Embalmer No. 1955
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Kelly

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. D. Kelly
Licensed Embalmer No. 1955

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.)