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.

NOV 20 1939

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

36689
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi
(b) Township or City East Prairie Mo
Registration District No. 667
Primary Registration District No. 4334
Registered No. 70
(d) Street No. ..... St.
(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 James N. Griffith
(a) Residence, No. East Prairie, Mo. St.
(Usual place of abode, if no street address, write county or city) (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): widower

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~: widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28, 1860

7. AGE: Years 79 Months 8 Days 4 If LESS than 1 day, ...hrs. or ....min.

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): Illinois

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Edgar Griffith East Prairie, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Perryville, Mo. DATE Oct 3, 1939

19. FUNERAL DIRECTOR (NAME) Arden Ellis
(ADDRESS) Sikeston Mo.

20. FILED Oct 3, 1939 Mrs D M Hodgett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936, to Sept. 17, 1939
I last saw him alive on Sept. 17, 1939. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 5/16/36+
Hypertension
Cirrhosis of Liver — 8/6/36+

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Bernard T. Kron, M. D.
(Address) Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 1139-348
Date Filed 11-13

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~~ Oct 2-

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arden Ellis

Licensed Embalmer No. 3869

P. O. Address Silverton, M

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

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