

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.

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

2901  
Do not use this space.

FILED FEB 12 1940

1. PLACE OF DEATH  
 (a) County Laurance Registration District No. 1050  
 (b) Township Mt. Pleasant Primary Registration District No. 25635  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 Spannel Griffith  
 (a) Residence, No. St. Louis Mo. P. R. (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 11 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 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 \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russell Co. Virginia  
 13. NAME Handon P. Griffith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER  
 15. MAIDEN NAME Nancy Price  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) V. F. Stanbuck Mansfield Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE McLaffin DATE 1-13-1940

19. FUNERAL DIRECTOR (ADDRESS) Morris W. Lamon Miller Mo.

20. FILED 1/14 19 40 Rice Woods Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1940

22. HEREBY CERTIFY, That I attended deceased from Jan 11 1940, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on Jan 11, 1940. Death is said to have occurred on the date stated above, at 10:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute gastro-enteritis Date of onset 1 week  
Arteriosclerotic ileus 2 days

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) Don J. Sibley M. D.  
 (Address) W. Vernon, Mo

RECEIVED

District Health Officer No. 6,

District File Number 240-356

Date Filed FEB 7 1940

STATEMENT BY LICENSED EMBALMER

I, E. R. Seimon, Licensed Embalmer No. 3297

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed E. R. Seimon

Licensed Embalmer No. 3297

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.)