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.

FILED JUN 18 1941

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No. 18053 48
Township Prairie — Primary Registration District No. 55533 — Registered No. 920
City ~~Little Blue~~ 0 (No. Jackson Co. Emergency Hosp. Ward) 0

2. FULL NAME John S. Griffice
(a) Residence, No. 631 E Pacific St., Ward. 0
(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 M 0
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy V Griffice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th, 1879
7. AGE YEARS 62 MONTHS 1 DAYS 22 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Contractor
9. Industry or business in which work was done, as silk mill, 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) Tenn. 1

FATHER
13. NAME James Griffice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1

MOTHER
15. MAIDEN NAME Margaret Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

17. INFORMANT (ADDRESS) Mrs. Lucy V Griffice 631 E Pacific, Indep. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. Indep. Mo. DATE May 10, 1941
19. UNDERTAKER (ADDRESS) Conley Funeral Home 214 N Spring, Indep. Mo.
20. FILED 5-13-1941 Lena S. Jones Registrar. 93

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1941
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1941 to May 8th, 1941
I last saw him alive on May 8, 1941. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
General Peritonitis — Date of onset (?)
from Ruptured Gastric Ulcer
Other contributory causes of importance:
Malignancy suspected
Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? Yes
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) R. M. Agee D.O., M. D.
(Address) Independence Mo