

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

Do not use this space.

8792

**1. PLACE OF DEATH**

19 County Cass Registration District No. 150  
 Township Shannon Primary Registration District No. 5214  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

David Robert Griffith  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR)-WIFE-OF Virginia Griffith  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9, 1854  
 7. AGE YEARS 79 MONTHS 0 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Mississippian  
 (b) General nature of industry, business, or establishment in which employed (or employer) !  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

**10. NAME OF FATHER**

Woodward Shelton

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)...**

(STATE OR COUNTRY) Mississippi

**12. MAIDEN NAME OF MOTHER**

Elizabeth Ann

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)...**

(STATE OR COUNTRY) Mississippi

14. INFORMANT (Address) Wm Griffith  
Cass, Shannon, MO

15. FILED March 23, 1933 Miss J. R. Lyles  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1933  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 1933, to Mar 27 1933  
 that I last saw him alive on Mar 27 1933 and that death occurred, on the date stated above, at 1:15 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cholesterol Arteriosclerosis  
Heart  
 (duration) .... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 10  
 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) Wm Griffith, M. D.  
 , 19 (Address) Cass, Shannon, MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grave DATE OF BURIAL Mar 29 33

20. UNDERTAKER Graves & Sons ADDRESS Shannon

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

