

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

Do not use this space.

12778

**1. PLACE OF DEATH**

27 County Copper Registration District No. 217  
 Town Blackwater Primary Registration District No. 3297  
 City Albion (No. P.F.D.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 yrs. — mos. — ds. — (If nonresident, give city or town and State)

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) widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 22 - 1854  
 7. AGE YEARS 79 MONTHS 7 DAYS 4  
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Jan. 1900 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 13. NAME Elliot Griffith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 15. MAIDEN NAME Sarah Balduer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Elliot Griffith  
 18. BURIAL, CREMATION, OR REMOVAL PLACE West Fork Cemetery DATE 4/27/33

19. UNDERTAKER (ADDRESS) Faye Stocklein  
 20. FILED 4-27-33 1933

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1933 to Apr 26 1933  
 Last saw him alive on Apr 26 1933. Death is said to have occurred on the date stated above, at 12 m.  
 The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage  
80-12  
907  
102  
 Other contributory causes of importance:  
arterio-sclerosis & high blood pressure

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1933  
 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) J. R. Duran, M. D.  
 (Address) near mo

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.

MAY 22 1933

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