

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

Do not use this space.

29951

1. PLACE OF DEATH

County..... *Carter*
Township..... *Park*
City..... (No.) St. Ward)

Registration District No. *14*
Primary Registration District No. *3*

File No.
Registered No.

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *N.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *addeline*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 29, 1852*

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
76 8 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Fredericktown*
(STATE OR COUNTRY) *Madison Co. Mo.*

PARENTS

10. NAME OF FATHER *George Griffith*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *N.C.*

12. MAIDEN NAME OF MOTHER *Mitilda Perry*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *unbeknown*

14. INFORMANT *Mrs. Nora Godsey*
(Address)

15. FILED *Sept 7, 1928* *Jessie D. Schaefer*
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept. 7, 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 19, 1928*, to *July 23, 1928*, that I last saw him alive on *July 20, 1928*, and that death occurred, on the date stated above, at *504 - 9* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberc. Chronic nephritis

23A
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *31* (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? *made ask*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

(Signed) *J. W. Cotton*, M. D.
, 19 (Address) *Van T. Turner, 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 *Poca Cemetery* DATE OF BURIAL *9-8-1928*

20. UNDERTAKER *Chas. Chilton* ADDRESS *Freeman*

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Carter Registration District No. 14 B File No.
 Township Dike Primary Registration District No. 5209 Registered No.
 City (No) St. Ward)

2. FULL NAME John 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>1/2</u>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fredericktown
 (STATE OR COUNTRY) Madison Co. Mo

10. NAME OF FATHER George Griffith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) M. C.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mildred Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs Nora Todsey
 (Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

 CONTRIBUTORY (SECONDARY) (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) , M. D.
 , 19 (Address)

*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 DATE OF BURIAL 19.....

20. UNDERTAKER ADDRESS

15. Sept 7 1928 Jessie Schupp
 REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. E. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

15652-5