

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

Do not use this space.

8460

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Staw Primary Registration District No. 1002

City Kansas City No. 1121 A. Prospect St. _____ Ward)

File No. 1254

Registered No. _____

2. FULL NAME

(a) Residence No. 1121 A Prospect Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	8	0	

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

9. BIRTHPLACE (CITY OR TOWN) Shelby Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER A. R. Groat

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

12. MAIDEN NAME OF MOTHER Thickwood John

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

14. INFORMANT Mrs. Elnora Groat
(Address) 1121 Prospect

15. FILED 3/26 1927 M. M. Craun
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1927

17. I HEREBY CERTIFY That I attended deceased from 8-52 1927, to 3-25 1927 that I last saw him alive on 3-25 1927, and that death occurred, on the date stated above, at 253 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
921
101 B

CONTRIBUTORY Acute Bronchitis
(SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only

(Signed) Ray F. Miles, M. D.

*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 St. Mary's DATE OF BURIAL 3/28 1927

20. UNDERTAKER A. H. Newcomer's Sons R. C., Mo. ADDRESS _____

COPY WITH UPDATING 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.

3504 Transit

~~St. P. O. 239.~~ 59 9714 am.

1:30 - 5:30

518 a cycle