APR 22 1927

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

Do not use this space. 10969

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No. ~~7375~~
Township: — Primary Registration District No. 1001 — Registered No. 351
City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Nathan Groshong
(a) Residence. No. 6518 Grant St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 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: Maggie Groshong

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar, 31, 1853

7. AGE: Years 74 — Months 0 — Days ~~4~~ 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contracting Carpenter.
(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): Harrison Co, Mo.

PARENTS
10. NAME OF FATHER: Zim Groshong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Maggie Groshong
(Address) 6518 Grant St.

15. FILED: APR 5 1927 John G. Utz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr, 3, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1927, to Apr 3, 1927, that I last saw him alive on Apr 2, 1927 and that death occurred, on the date stated above, at 8.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency (dilated heart)
92B
95B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Chronic Endocarditis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) P. T. Thompson, M. D.
4/4/, 1927 (Address) 825 Charles

*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: Feuquay Cemetery — DATE OF BURIAL: Apr, 5, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St/

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.