R 24 1928

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

Do not use this space.

8315

1. PLACE OF DEATH
County Cole
Township Osage
City ~~Near St Thomas~~ Mo. (No. ..... St. ..... Ward)
Registration District No. 1158
Primary Registration District No. 5296a
File No. 16
Registered No. 4

2. FULL NAME Theodore Benedict Groner
(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 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 Elizabeth Groner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	9	7	

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) Osage Twp. Cole Co. Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Benedict Groner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wuettenberg
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna M. Scheulen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Loose Creek
(STATE OR COUNTRY) Osage Co. Mo.

14. INFORMANT Herman Libbert.
(Address) St Thomas Mo.

15. FILED 3/21, 1928 J. G. Schmidt REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1928, to Mar. 20, 1928 that I last saw him alive on in Mar. 20, 1928, and that death occurred, on the date stated above, at 8 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Meningitis
10 D
79 D
(duration) ..... yrs. ..... mos. 24 hrs.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. G. Isenberg, M. D
3/21, 1928 (Address) St. Thomas, 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 St Thomas Cemetery
DATE OF BURIAL Mar. 22nd 1928

20. UNDERTAKER T. B. L. Walther
ADDRESS St. Thomas Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... supplied.

AUG 24 1945