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

Do not use this space.

27304

File No. 3380

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No. 146 North Denver St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Johanna H Grossel
(a) Residence. No. 146 North Denver St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elmer L Grossel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 26 1854

7. AGE: Years 73 | Months 11 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Germany

PARENTS
10. NAME OF FATHER: William Wienken
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Henry W. Grossel
(Address) 146 North Denver

15. FILED 8-11-28 M M Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 10 1928

17. I HEREBY CERTIFY, That I attended deceased from July 8 1928, to Aug 10 1928 that I last saw him alive on August 10 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis with acute Dilatation of the Heart
8111
755
888
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Lateral Sclerosis of Spinal cord with Dysphagia (duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Heart Kan
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
8/11 1928 (Signed) W E Peters, M. D
(Address) 638 Lathrop

*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: Corinth bem K C Kans — DATE OF BURIAL: Aug 13 1928
20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]