WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

27483

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas city Mo (No. St Luke St. Ward)

2. FULL NAME Samuel David Gromer

(a) Residence. No. St Luke Hospital St., Ward. Columbia Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? 64 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: Helen M. Gromer abst

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 8 - 1863

7. AGE: 64 YEARS — MONTHS: ~~8~~ 11 — DAYS: 18 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Professor

(b) General nature of industry, business, or establishment in which employed (or employer): University of Mo

(c) Name of employer: Columbia Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McFall Mo

PARENTS

10. NAME OF FATHER: Isaac Gromer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay County Mo

12. MAIDEN NAME OF MOTHER: Neal Alda C. Newby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Plattsburg Mo

14. INFORMANT: Helen M. Gromer
(Address) McFall Mo

15. FILED 8/26, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 26 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20th, 1928, to Aug. 26th, 1928 that I last saw h. im alive on Aug. 26th, 1928, and that death occurred, on the date stated above, at 7:41 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

77A
10R
111B

Lobar Pneumonia
Hypostatic Congestion
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic Lymphatic Leukemia (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Columbia, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Blood examination Autopsy.

(Signed) H. C. Conklin, M. D

8/26, 1928 (Address) Kle 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: Columbia Mo

DATE OF BURIAL: Aug 28 1928

20. UNDERTAKER: J. W. Wagner

ADDRESS: 1409 Grand Ave