

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

Do not use this space.

10139

33
 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.

PLACE OF DEATH
 County Dent Registration District No. 997
 Township Gladden Primary Registration District No. 0238
 City..... (No.....) St. Ward)
 2. FULL NAME Un-named - Grogan baby.
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work X X
 (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) Dent Co. Mo.

10. NAME OF FATHER Claud Grogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dent co. Mo.

12. MAIDEN NAME OF MOTHER Dorothy Campbell

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

14. INFORMANT Claud Grogan
 (Address) Jadwin Mo.

15. FILED April 9, 1929 F.M. Jadwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1929
 17. I HEREBY CERTIFY. That I attended deceased from date of birth....., 19....., to....., 19..... that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
200 B Do not know
 (duration)..... yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 205 B
 (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?..... X

DID AN OPERATION PRECEDE DEATH?..... M.D. DATE OF..... X
 WAS THERE AN AUTOPSY?..... X

WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed)..... J. C. Welch M. D.
March 19 29 (Address) J. Salem, 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 Miner Cem. DATE OF BURIAL Mar 27 1929

20. UNDERTAKER ADDRESS

