

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

Do not use this space.

POACH
12404

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township Bethlehem Primary Registration District No. 5489a Registered No. 25
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Susan Caroline Groff

(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 20 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 =====
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-11-1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 6 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Dependent
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Lafe Groff

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

PARENTS
 10. NAME OF FATHER George French
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Ruth Morris
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

14. INFORMANT Lafe Groff (Address) Clinton, Missouri

15. FILED 4/18, 1930 W. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1930
 17. I HEREBY CERTIFY, That I attended deceased from April 17, 1930, to April 17, 1930 that I last saw him alive on April 17, 1930 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7 Measles
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Samuel A. Pogue, M.D. 4/17, 1930 (Address) Clinton, 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 Bethlehem DATE OF BURIAL 4-18 1930
 20. UNDERTAKER Sims-Wilkinson & Co. ADDRESS _____

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 OBTAINING INFORMATION IS A PRIORITY

26 1930

