

DEC 20 1930

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

Do not use this space.

File No. **35272**  
Registered No. **144**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Andrain Registration District No. 26  
Township Salt River Primary Registration District No. 2002  
City Mesa No. Andrain Hospital No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles B. Grosse

(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 Settie Grosse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 7 20

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) (STATE OR COUNTRY) Montgomery Co., Mo.

PARENTS  
10. NAME OF FATHER Carl W. Grosse,  
Hannover  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Anna Martha Liestor,  
Kushnosen,  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Carl Grosse  
(Address) Wellsville, Mo.

15. FILED Nov 17 1930 Ira S. Milligan  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15th 1930

17. I HEREBY CERTIFY That I attended deceased from 2-22-1929 to 11-15-1930 that I last saw him alive on 11-15-1930 and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardio Nephritis  
95 B

CONTRIBUTORY (SECONDARY) 90 B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Spinal  
(Signed) Frank Miller M. D.  
11/15 1930 (Address) Mesa No. Andrain, 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 Big Spring, Mo. M.E. DATE OF BURIAL Nov 18-1930

20. UNDERTAKER Barton Baker, ADDRESS Amerkous, Mo.

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.

WHILE LIVING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

