

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

Do not use this space.

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PLACE OF DEATH
County **Buchanan**
Township
City **St. Joseph**

Registration District No. **85**
Primary Registration District No. **1001**
310 So. 11th. St.

File No.
Registered No.
St. Ward)

2. FULL NAME **John Theodore Groce**
(a) Residence. No. **Elwood, Kansas** 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8, 1930		
7. AGE	YEARS	MONTHS
	0	1
		DAYS
		0
		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Child (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) **Elwood**
(STATE OR COUNTRY) **Kansas**

PARENTS	10. NAME OF FATHER John T. Groce
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrisonville (STATE OR COUNTRY) Missouri
	12. MAIDEN NAME OF MOTHER Corine Gibson
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pleasant Hill (STATE OR COUNTRY) Missouri

14. INFORMANT **John T. Groce**
(Address) **Elwood Kansas**

15. FILED **JAN 9 1931**
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 8, 1931** 19
17. I HEREBY CERTIFY, That I attended deceased from **Jan 7, 1931** to **Jan 8, 1931** that I last saw him alive on **Jan 7, 1931**, and that death occurred, on the date stated above, at **8 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
107 A
(duration) yrs. mos. **2** ds.

CONTRIBUTORY (SECONDARY) **Nothing**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **W. H. Webb**, M. D.
1-9 1931 (Address) **1207 1/2 St. St. Joseph, 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 **Odd Fellows Cem.** DATE OF BURIAL **Jan. 9 31** 19

20. UNDERTAKER **Fred D. Clark** ADDRESS **5025 King Hill Av.**

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.

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