MAR 26 1931

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

Do not use this space.

File No. 6575

Registered No. 43

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH
County Pettis
Township Sedalia
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME George John Grossheim

(a) Residence. No. 423 W. 6 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S., if of foreign birth? 79 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 Mary Anna

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1849

7. AGE: Years 82 | Months | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wortemburg
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER John Grossheim

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Katharine (unk)

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

14. INFORMANT Mrs. S. James
(Address) Sedalia, Mo.

15. FILED 2-24, 1931. J. G. Lowe, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Feb 23, 1931, that I last saw him alive on Feb 23, 1931, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic cystitis with generalized infection
(duration) yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Impaired
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not recall

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-30-31

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) C. B. Bauchus, M.D.
Feb 24, 1931 (Address) Sedalia 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: Crown Hill Sedalia | DATE OF BURIAL 2/25 1931

20. UNDERTAKER: McLaughlin Bros | ADDRESS Sedalia 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.

MAR 27 1942