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.

NOV 24 1931

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

Do not use this space.

34043

1. PLACE OF DEATH
County Dent
Township Franklin
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 5-373

File No. .....
Registered No. 5-6

2. FULL NAME ~~Rosel~~ Roslee Grogan
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 1927

7. AGE: 4 YEARS | MONTHS: 2 | DAYS: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo

FATHER
13. NAME: Clyde Grogan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo. Mo

MOTHER
15. MAIDEN NAME: Abbie Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo.

17. INFORMANT (ADDRESS): Clyde Grogan Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Miller Cem. DATE: 10/10 31

19. UNDERTAKER (ADDRESS): [signature]

20. FILED 10/9, 1931. W. E. Rudd, Tr. Dy. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Oct 8, 1931
I last saw her alive on Oct 8, 1931. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:
Ileocolitis (Acute) — Date of onset Oct 5 31
120B 119
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H. G. Dillon, M. D.
(Address) Salem Mo