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.

FEB 24 1932

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

Do not use this space.

693

1. PLACE OF DEATH
36 County Franklin — Registration District No. 1104 — File No.
Township Boone — Primary Registration District No. 5415 C. — Registered No. 2
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Fredrica Grob.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Fritz Grob.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1872.

7. AGE — YEARS 59. — MONTHS 10 — DAYS 26. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) St Louis Mo.

FATHER
13. NAME Fred. Schafer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 1

17. INFORMANT (ADDRESS) Arthur Grob. Leslie Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leslie Woodman Cem. DATE Jan 31 1932

19. UNDERTAKER (ADDRESS) F. H. Temple Beaufort Mo.

20. FILED Jan. 29 1932 W. P. Fitzgerald M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/24 1932, to 1/28 1932
I last saw her alive on Alive 11/27 1932. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset

1208 120

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Owens, M. D.
(Address) Gerald Mo.