

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

Do not use this space.

1071

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3004 Hiland Ave.) St. _____ Ward _____

File No. _____
Registered No. 109
St. _____ Ward _____

2. FULL NAME Mrs. Lena H. Grupe

(a) Residence, No. 3004 Hiland Ave. St. 4 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Rev. H. F. C. Grupe
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Saxony-Aume, Germany

13. NAME Louis Hellbach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Matilda Seifried

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr. S. W. Patton
(ADDRESS) 3011 E. 32nd St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Jan. 13 1932

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED Jan 12 1932 M. M. Carone
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1931, to Jan 11 1932

I last saw h. alive on Jan 11 1932 Death is said

to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uncomplicated - Chronic 1929

930

97

Other contributory causes of importance:
arterio-sclerosis - about 10 yrs ago

Name of operation _____ Date of _____
What test confirmed diagnosis? Findings 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. J. Sulzbacher, M. D.

(Address) 826 outside Bldg

Dr. Stulzinger.

2:00 to 4:30

Angela Kelly.