

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 28 1932

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

Do not use this space.

34410

1. PLACE OF DEATH
97 County Saline Registration District No. 801
9 Township Primary Registration District No. 4480
2 City Sweet Springs (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Louis Grother
(a) Residence, No. 115 Main St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora E Grother

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 3 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Dealer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Sales Service
10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo

FATHER
13. NAME Louis Grother
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

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

17. INFORMANT Cora E Grother
(ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL Starview
PLACE Sweet Springs DATE October 25, 1932

19. UNDERTAKER Joseph Harney
(ADDRESS) Sweet Springs Mo

20. FILED 10-24 1932 R. B. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932, to Oct 22 1932
I last saw him alive on Oct 22 1932. Death is said to have occurred on the date stated above, at 1 P. M.
The principal cause of death and related causes of importance were as follows:
Myxenteria (Bacillary)
13B/38
Other contributory causes of importance: (2)

Name of operation None Date of
What test confirmed diagnosis? Culture 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) Charles E. Clark M. D.
(Address) Sweet Springs Mo

