

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

Do not use this space.

38804

1. PLACE OF DEATH
 17 County Carroll Registration District No. 136
 2 Township Beaumont Primary Registration District No. 4074
 3 City Beaumont (No. _____) St. _____ Ward _____
 2. FULL NAME Nathaniel W. Grossman
 (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 M 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 Melle Grossman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-17-1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 11 2 _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Mo
 13. NAME Alexandra Grossman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont
 15. MAIDEN NAME Martha Blakeley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont
 17. INFORMANT Earnest Grossman
 (ADDRESS) Beaumont Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wheaton DATE Dec 21, 1932
 19. UNDERTAKER Horis Ripaud
 (ADDRESS) Beaumont Mo
 20. FILED Dec 16, 1932 C. C. H. Fisher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-19-1932
 22. I HEREBY CERTIFY, That I attended deceased from 12-9-1932, to 12-19-1932
 I last saw him alive on 12-19-1932, 1932 Death is said to have occurred on the date stated above, at 2:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Sobar
IIA
108 IIA
 Other contributory causes of importance: Influenza (1)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. B. Deoney, M. D.
 (Address) Carrollton, Mo

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.

JAN 22 1933

MARGIN RESERVED FOR...

