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

Do not use this space.

File No. 22815
Registered No. 9

1. PLACE OF DEATH

36 County Franklin, Registration District No. 300
Township Lyon, Primary Registration District No. 5417
City ~~Leslie, R.F.D.~~ Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Henrietta Groppe,

(a) Residence, No. Leslie, R. F. D. St., ... Ward. .....
(Usual place of abode) Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White,	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Fred Groppe, (Deceased).

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22nd, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	2	23	

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. - - - - -

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) Lippe, Detmold, Germany.

FATHER

13. NAME Conrad Richtermeyer.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lippe, Detmold, Germany.

MOTHER

15. MAIDEN NAME Elizabeth Becker,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lippe, Detmold, Germany.

17. INFORMANT (ADDRESS) Mr. Wm. Lohmeyer, Leslie, Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Port Hudson Church Cemetery. DATE July 17/33.

19. UNDERTAKER (ADDRESS) Nieburg & Vitt, Inc. Washington, Mo.

20. FILED 7-16 1933 G. F. Matthews Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th, 1933.

22. I HEREBY CERTIFY That I attended deceased from Apr 18, 1931, to July 15, 1933
I last saw her alive on July 14, 1933 Death is said to have occurred on the date stated above, at 3:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral)	7-14-33
Chronic Nephritis	1931

Other contributory causes of importance:

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? No
If so, specify .....

(Signed) G. F. Matthews, M. D.
(Address) Beaufort 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.