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

Do not use this space.

30048

1. PLACE OF DEATH
County: Johnson
Township: Warrensburg
City: ..... (No. ....., ..., St. ....., Ward)
Registration District No. 445
Primary Registration District No. 5580
File No. 10
Registered No. 203

2. FULL NAME Karl de Groot

(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 2 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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise De Groot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 19-1874

7. AGE: Years 59 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
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: 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hellegom Netherlands

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Netherlands

MOTHER
15. MAIDEN NAME: — Smit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Netherlands

17. INFORMANT (ADDRESS): Jacob De Groot Chesterfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Hill Mo. DATE: 9/2/33, 19

19. UNDERTAKER (ADDRESS): J. Brinnan Warrensburg Mo

20. FILED 9/1, 19 33 James A. Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 Sept, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 May 32, to 1 Sept, 1933
I last saw h. alive on 29 Aug, 1933. Death is said to have occurred on the date stated above at 10-55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1/33
Coma	
Other contributory causes of importance:	
Artery Sclerosis —	3 or 4 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) James A. Townsend M.D.
(Address) Houne Springs Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD