

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 4 1934

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

Do not use this space.

36165

1. PLACE OF DEATH

County Franklin,
Township Lyon
City Campellton, (No., St. Ward)

Registration District No. 300
Primary Registration District No. 6417

File No.
Registered No. 75

2. FULL NAME Henry P. Groppe,

(a) Residence, No. Washington-New Haven Rd., Ward.
(Usual place of abode) R. F. D., Washington, Mo.

Length of residence in city or town where death occurred 79 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? X yrs. X mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or ~~WIFE OF~~) Widowed,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15th, 1854.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X none.

10. Date deceased last worked at this occupation (month and year) Jan. 1933, 11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (CITY OR TOWN) Campellton, Mo.
(STATE OR COUNTRY) Franklin County,

13. NAME Henry C. Groppe,

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

15. MAIDEN NAME Marian Hartmann,

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

17. INFORMANT Mrs. Walter Bottomiller,
(ADDRESS) New Haven, Mo. R. F. D.

18. BURIAL PLACE Port Hudson, Mo. DATE Nov. 20, 1933.
Ebenezer Cemetery.

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

20. FILED 11/19 19 33 J. H. Matthews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1933 19, to Nov. 18, 1933 19

I last saw him alive on Nov. 18, 1933 19, Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Chronic Myocarditis Date of onset Aug. 1, 33

Other contributory causes of importance: None known

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? N.O.
If so, specify.....

(Signed) asmanth, M. D.
(Address) Washington, Mo.

... I.V.O. ...

... 1990 ...

... 1990 ...

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