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.

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

Do not use this space.

39194

File No.

Registered No. 1218

85

Registration District No.

Primary Registration District No. 3001

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William D. Groce

(a) Residence, No. 818 Doniphan Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1906

7. AGE: Years 27 | Months 4 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitation system

10. Date deceased last worked at this occupation (month and year) December 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Missouri,

FATHER

13. NAME John H. Groce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

MOTHER

15. MAIDEN NAME Eva Mae Phillipps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa.

17. INFORMANT George Groce
(ADDRESS) 818 Doniphan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. DATE Dec. 10th, 1933

19. UNDERTAKER Fred L. Clark
(ADDRESS) 5025 King Hill Ave.

20. FILED 12-9-33 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1933, to Dec. 8, 1933, I last saw h alive on Dec. 8 1933. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Tetanus — Date of onset 11/7/33

Other contributory causes of importance: Nothing

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/25, 1933
Where did injury occur? St. Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At work for garage Co. Not
Manner of injury Run splinter in left eye left
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify

(Signed) W. J. Schmidt, M. D.
(Address) 7 Pardon St. St. Joseph, Mo.