

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

Do not use this space.

9188

APR 25 1934

1. PLACE OF DEATH  
 County: Jackson Registration District No. 108  
 Township: Franklin Primary Registration District No. 1387  
 City: J.C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME Lillard Groch  
 (a) Residence, No. 2816 Bell St. 3rd 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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 5 6 X

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. —

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) J.C. Mo.

13. NAME Mose Groch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Emma Colbert

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

17. INFORMANT (ADDRESS) Record Clerk General Hosp #2

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Maple Hill DATE 3-29 1934

19. UNDERTAKER (ADDRESS) H.C. Emb. Cas Co 440 State Ave

20. FILED Mar 28 1934 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1934 to 3-26 1934  
 I last saw him alive on 3-26 1934 Death is said to have occurred on the date stated above, at 1:15 PM.  
 The principal cause of death and related causes of importance were as follows:  
Multiple Myeloma of the Sternum, the ribs, and the pelvic bone Primary Bone Malignant Surgical removal of Right Testicle.  
 Other contributory causes of importance: Post-Operative Shock

Name of operation — Date of —  
 What test confirmed diagnosis? — Was there an autopsy? Yes

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) J. O. Turner M. D.  
 (Address) General Hosp #2

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.

