

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

Do not use this space.

1. PLACE OF DEATH

County Yentus
Township Cook
City Washington Mo. No. _____ St. _____ Ward _____

Registration District No. 310
Primary Registration District No. 5429

File No. 16348
Registered No. 100

2. FULL NAME

Fredricka Eva Groom

(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 18 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>4</u>	<u>12</u>	

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

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) Darlington (STATE OR COUNTRY) Yentus Co

13. NAME John Roberts 9

14. BIRTHPLACE (CITY OR TOWN) Buchanan (STATE OR COUNTRY) Co

15. MAIDEN NAME Mary Jacoby

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

17. INFORMANT R. L. Roberts (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Longbranch DATE 29 1934

19. UNDERTAKER A. T. Bare (ADDRESS) _____

20. FILED 5/30 1934 Mattie Davis Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934, to May 28 1934. I last saw her alive on May 20 1934. Death is said to have occurred on the date stated above, at 10.00 a.m. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis 1933

T.B.A.

Other contributory causes of importance: 13

Name of operation _____ Date of _____ What test confirmed diagnosis? Micro 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? no If so, specify _____

(Signed) James H. Bergs, M. D. (Address) Albany Mo

38
JUN 21 1934

2255

10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Bayer

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF ALameda

1911

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gentry
Township Cooper
City (No.)

Registration District No. 310
Primary Registration District No. 5429a

File No.
Registered No. 100
St. Ward

2. FULL NAME

Fredricka Eva Groom

(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 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from to , 1934.
I last saw h alive on , 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1876

to have occurred on the date stated above, at m.
The principal cause of death, and related causes of importance were as follows:

7. AGE YEARS 58 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 1934
Where did injury occur? (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT (ADDRESS)

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 1934

19. UNDERTAKER (ADDRESS)

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

20. FILED , 1934 Matie David Registrar.

(Signed) , M. D.
(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-16448