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.

JUN 19 1934

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

Do not use this space.

16953

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No. 2322
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 235 Ward Parkway St. Ward)

2. FULL NAME Clara Grombach
(a) Residence, No. 235 Ward Parkway Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 60 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1853
7. AGE YEARS 81 MONTHS 2 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Isaac Weil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Zeborah Epstein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Levison 443 Ward Parkway
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE May 27, 1934
19. UNDERTAKER (ADDRESS) Carroll-Davidson 3024 Troost
20. FILED 5-26, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to May 25, 1934
I last saw her alive on 5-25, 1934 Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
101A	
106A	
194B	
93C	
Other contributory causes of importance:	
Arteriosclerosis	
Fracture of hip	14

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? Acc Date of injury 11-15, 1934
Where did injury occur? Home K C Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell down & Fractured Hip
Nature of injury Intracapsular Fracture

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M. F. Squall, M. D.
(Address) 818 Realto Bldg.