

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. City Reg. No. 1)

791

1003

File No. 37971

Registered No. 9983

St. Ward)

2. FULL NAME

(a) Residence, No. 7827 Vulcan St., 1 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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Henry C. Grobe</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE YEARS <i>About 54</i>	MONTHS	DAYS
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
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) <i>Leeper Missouri</i>		
13. NAME <i>Jasper Bierman</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
15. MAIDEN NAME <i>Unknown</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT <i>Henry Grobe</i> 7827 Vulcan St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Grondale Mo.</i> DATE <i>11-29-</i> 19 <i>35</i>		
19. UNDERTAKER <i>C. Hoffmeister U. & L. Co.</i> 7814 S. Broadway		
20. FILED <i>NOV 27 1935</i> <i>J. B. Beck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<i>Nov. 27</i>	19 <i>35</i>
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19..... I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at <i>10:54</i> m. The principal cause of death and related causes of importance were as follows: <i>Septicemia due to infected wound of arm, caused by slipping on ice and striking gump in fall at 3600 De Kalb 27/11/35</i>		
Other contributory causes of importance: <i>Exp. Myocarditis Exp. Interstitial Nephritis</i>		
Name of operation	Date of.....	
What test confirmed diagnosis?	Was there an autopsy? <i>yes</i>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <i>yes</i> Date of injury <i>2/8/1935</i> Where did injury occur? <i>Home Mo.</i> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <i>Home</i>		
Manner of injury	<i>Fall</i>	
24. Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify (Signed) <i>Harold J. Jones</i> M. D. (Address) <i>Leeper</i>		

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.

