

JAN 17 1936

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

Do not use this space.

40269

1. PLACE OF BIRTH

County Marion Registration District No. 577  
Township Mason Primary Registration District No. 3079  
City Fannibal (No. Revering Hospital St.                      Ward                     )

File No.                     

Registered No. 357

2. FULL NAME Frank Groene

(a) Residence, No. 1600 Hill 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

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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 9 23

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

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) Hanover Germany

13. NAME William Groene

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

15. MAIDEN NAME Marie Phillips

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

17. INFORMANT Mrs. Mary Miller (State)  
(ADDRESS) 1600 Hill, Fannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Oliver DATE Dec 21, 1935

19. UNDERTAKER Wm. M. Smith  
(ADDRESS) 902 B. Div., Fannibal, Mo

20. FILED Dec 21, 1935 W. H. Blisk  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1935 to 12-20, 1935

I last saw h. in alive on 12-20, 1935 Death is said

to have occurred on the date stated above, at 5:45 p.m.

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

Lobar pneumonia

Date of onset 12-18-35

108

Other contributory causes of importance: Circulatory failure 12-19-35

Name of operation                      Date of                     

What test confirmed diagnosis? Clinical 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) Frank S. Sudeel, M. D.

(Address) Fannibal, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

