

JAN 31 1936

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

Do not use this space.

42182

1. PLACE OF DEATH

County Stoddard Registration District No. 838 File No. 222
Township Liberty Primary Registration District No. 4509 Registered No. _____
City Dexter (No. _____) St. _____ Ward _____

2. FULL NAME Margaret Winchester Grojean

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 15

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

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) Scott County Missouri

13. NAME HENDERSON WINCHESTER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTT COUNTY MO.

15. MAIDEN NAME RACHAEL DOUTWELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTT COUNTY.

17. INFORMANT E. E. Grojean
(ADDRESS) Decatur, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cemetery DATE 12-11-35

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 1-10 1936 Alice L. Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-8-35, 1935, to 12-9-35, 1935.

I last saw him alive on 12-9-35, 1935. Death is said

to have occurred on the date stated above, at 9 P. M.

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

Chronic Myocarditis Date of onset 1933

Other contributory causes of importance La Grippe

Name of operation None 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) S. J. Davis, M. D.

(Address) Decatur, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

