APR 17 1936

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

Do not use this space.

9993

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township Frankin — Primary Registration District No. 5-373 — Registered No. 24

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Delpha Lorene Grogan

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1923

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	x	11	

OCCUPATION

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

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) ~~Frnklin~~ Dent Co Mo

FATHER

13. NAME Carvey Grogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

MOTHER

15. MAIDEN NAME Ruth Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT (ADDRESS) Carvey Grogan Salem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salem Mo DATE 3/25/36 19

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED 3/25/ 1936 W E Rudd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to March 22, 1936

I last saw her alive on March 22, 1936 Death is said to have occurred on the date stated above, at 1:00 A m.

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

	Date of onset
Acute Dilatation of Heart	3/22/36
Acute myocarditis	3/22/36
1150	

Other contributory causes of importance:

(Streptococcic Sore throat) Tonsilitis, Repeated Colds

Name of operation ..... Date of .....

What test confirmed diagnosis Physical 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) Jas. W. McCarty, M. D.

(Address) Salem Mo.

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.

100M-11-24-33