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.

APR 17 1936

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

Do not use this space.

10088

1. PLACE OF DEATH
County Franklin
Township Boone
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1104
Primary Registration District No. 5415 C

File No. .....
Registered No. 5

2. FULL NAME Henry Grob.

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Minnie Grob.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1857

7. AGE YEARS 79 MONTHS 8 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Ballwin Mo

FATHER
13. NAME Henry Grob
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Mathilda Meisner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) August Grob. Leslie Mo.

18. BURIAL, CREMATION, OR REMOVAL Leslie M. E. Cem. DATE March 27 1936

19. UNDERTAKER (ADDRESS) E. H. Temme Beaufort Mo.

20. FILED Mar. 25, 1936 M. P. Fitzgerald Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Mar 24, 1936
I last saw him alive on Nov. 10, 1935. Death is said to have occurred on the date stated above, at 7½ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Not known
93 C	

Other contributory causes of importance:

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) H. L. Matthews, M. D.
(Address) Beaufort Mo