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.

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

JUL 16 1936

Do not use this space.

22037

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 805

City St Joseph Mo. (No. Mo. Meth. Hosp. St. Ward)

2. FULL NAME Betty Maurine Groenke

(a) Residence, No. 2306 Prospect 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: Female.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14-1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
8	8	28	

OCCUPATION

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

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) St Joseph Mo.

FATHER

13. NAME Robert A Groenke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.

MOTHER

15. MAIDEN NAME Nellie Wilson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elwood Ks.

17. INFORMANT (ADDRESS) Robert A. Groenke

18. BURIAL, CREMATION, OR REMOVAL Bellemont Cem.
PLACE Wathena Ks. DATE do not know

19. UNDERTAKER (ADDRESS) Stamey Funeral Home, 2335 St Joseph Mo.

20. FILED June 12 1936 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 12, 1936.
I last saw her alive on June 12, 1936. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar - r.	6/3/36
Pericarditis - acute - sero-fibrinous	6/3/36

Other contributory causes of importance: Cretinism — congenital

Name of operation None Date of
What test confirmed diagnosis Clinical, X-Ray Lab. 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) G. T. Bloomer, M. D.
(Address) 1218 N. 3d St.