

DEC 18 1936

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

Do not use this space.

40632

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File No. _____
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Cass Registration District No. 148
Township Beltan Primary Registration District No. 4082
City Beltan (No. _____ St. _____ Ward)

2. FULL NAME Elizabeth Groh

(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-23-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. wife
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) Indiana13. NAME John H. Piers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Hoppe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Ed Groh
Beltan Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Beltan Mo DATE 12/1 193619. UNDERTAKER E. K. George & sons
(ADDRESS) Beltan Mo20. FILED 11-30 1936 R. M. Miller
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 193622. I HEREBY CERTIFY, That I attended deceased from May 20 1931, to Nov 29 1936I last saw her alive on Nov 29 1936. Death is said to have occurred on the date stated above, at 8 A. M.

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

Cerebral hemorrhageDate of onset May 20 1931Other contributory causes of importance Paralytic Intestinal Obstruction Nov 26 1936Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____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) R. M. Miller M. D. O.
(Address) Beltan Mo

