

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

Do not use this space.

2138

FEB 17 1937

1. PLACE OF DEATH

61 County Macon Registration District No. 530
Township Eastly Primary Registration District No. 5708
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Stanford B. Grogen
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Ida B. Grogen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30 - 1861</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>4</u>
		<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>		
17. INFORMANT <u>Beatrice E. Bueck</u> (ADDRESS) <u>South Suburb</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chariton Stone</u> DATE <u>Jan. 14 1937</u>		
19. UNDERTAKER <u>W. H. McCullum + Sons</u> (ADDRESS) <u>South Suburb</u>		
20. FILED <u>Jan. 23 1937</u> <u>80 Mrs. Floyd Baker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1936 to Jan. 12 1937.
I last saw him/her on 12 Jan. 1937. Death is said to have occurred on the date stated above, at 9:40 P. M.
The principal cause of death and related causes of importance were as follows:
Flue Pneumonia Date of onset _____

Other contributory causes of importance:
11/12

Name 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? _____
If so, specify _____
(Signed) W. H. Bueck M. D.
(Address) 8 Blue No

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.

