

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1937

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

Do not use this space.

16914

1. PLACE OF DEATH

61 County Monroe
Township Eastley
City (No.) St. Ward)

Registration District No. 530
Primary Registration District No. 5708

File No.
Registered No.

2. FULL NAME

Tom E. Grogan
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1937 to Mar 24 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1887

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 10 a.m.

7. AGE YEARS 49 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

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

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

Suicide by shooting him self with a 12 gauge shot gun
Date of onset

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

Other contributory causes of importance: Worry

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME J.B. Grogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Pa

15. MAIDEN NAME Ida Dickerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York State

Name of operation none Date of

What test confirmed diagnosis Obv Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Mar 24 1937

Where did injury occur? In his home (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Bertie Buck (ADDRESS) South Efford

Manner of injury Shot Gun

18. BURIAL, CREMATION, OR REMOVAL PLACE Chariton Truss DATE Mar 30 1937

Nature of injury Entral Right Groove Jaw

19. UNDERTAKER W.M. Collins & Sons (ADDRESS) South Efford

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Apr 30 1937 Mrs. Lloyd Baker Registrar

If so, specify (Signed) Dee West Covener, M. D. (Address) New Orleans La

