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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No. 20466
Township — Primary Registration District No. 5023 — Registered No. 50
City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Hattie Dunbar De Groff

(a) Residence, No. ..... 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. E. De Groff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27-1861

7. AGE: YEARS 75 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Nelson Dunbar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md.

MOTHER
15. MAIDEN NAME Elizabeth Snoddy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Frank Shadwick Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE May-18, 1937

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg Mo.

20. FILED May 19, 1937 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19-, 1937, to 5-17-, 1937
I last saw her alive on 5-17-, 1937 Death is said to have occurred on the date stated above, at 5:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Hypostatic Pneumonia	

Other contributory causes of importance:

93C

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) R. F. McKinney, M. D.
(Address) Warrensburg Mo

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.