

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. St. Joseph's Hospital)

File No. 30143  
Registered No. 869  
Ward

2. FULL NAME Infant (Female) Gronniger

(a) Residence, No. 609 North 11th. St.          Ward.           
(Usual place of abode)

Length of residence in city or town where death occurred 00 yrs. 00 mos. 00 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1937, to Aug 9 1937.  
I last saw her alive on Aug 9 1937. Death is said to have occurred on the date stated above, at 4:00 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1937.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 00 00 00 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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

Purulent Peritonitis  
159

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

Other contributory causes of importance:  
Widow had nutritional  
obstruction  
Name of operation Proct. Abney Date of Aug 9-37  
What test confirmed diagnosis Amoeb. Was there an autopsy?

FATHER 13. NAME William H. Gronniger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bendena Kansas

MOTHER 15. MAIDEN NAME Mary Josephine Hauber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Kansas

17. INFORMANT Wm. H. Gronniger Mo.  
(ADDRESS) 609 North 11th. Str. St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem.  
PLACE St. Joseph, Mo. DATE Aug. 11, 1937

19. UNDERTAKER H.O. Sidenfaden and Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug 10, 1937 H. J. Nestlebusch  
Registrar.

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) John J. O'Connell, M. D.  
(Address) St. Joseph, Mo.

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.

