

SEP 15 1937

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

Do not use this space.

30144

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. St. Joseph, s Hospital)

File No.

Registered No. 870

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Josephine Gronniger(a) Residence, No. 609 North 11th Street, Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H Gronniger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1898.</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>2</u>
	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Household</u>	11. Total time (years) spent in this occupation
	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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Troy, Kansas.</u>		
FATHER	13. NAME <u>Frank Hauber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>Alice Hefren</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
17. INFORMANT (ADDRESS) <u>William H Gronniger 609 No. 11th Str St. Joseph,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet Cemt. St. Joseph, Mo. DATE Aug 11, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>H. O. Sidenfaden &amp; Son 1802 Union Str St. Joseph, MO.</u>		
20. FILED <u>Aug 10, 1937</u> <u>A. J. [Signature]</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 193722. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937 to Aug 9, 1937I last saw her alive on Aug 9, 1937. Death is said to have occurred on the date stated above, at 3/15 p.m.  
The principal cause of death and related causes of importance were as follows:Structural Distortion14th

Other contributory causes of importance:

Pregnancy 8th moName of operation Proctotomy Date of Aug 13, 1937What test confirmed diagnosis Thrombosis 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) [Signature], M. D.  
(Address) [Address]

Every year 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.

