JAN 18 1938

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

Do not use this space.

48

45497

1. PLACE OF DEATH

42 County _Henry_   Registration District No. _347_   File No. _____

Township _Bethetha_   Primary Registration District No. _3489 A._   Registered No. _____

City _____ (No. _____ , _____ St. _____ Ward)

2. FULL NAME _Florence Lucinda Grounds_ 653

(a) Residence, No. _Clinton R 7_ 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Jan 22 1861_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	76	11	15	

OCCUPATION

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

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) _Pike Co Ill_

FATHER

13. NAME _Freman Valch_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Don't Know_

MOTHER

15. MAIDEN NAME _"_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _"_

17. INFORMANT (ADDRESS) _Henry Grounds Clinton Mo R_

18. BURIAL, CREMATION, OR REMOVAL

PLACE _Englewood_ DATE _1/9 38_

19. UNDERTAKER (ADDRESS) _Consolus + Peer Clinton_

20. FILED _Jan 8 1938_ _J R Hampton_ Registrar.
Woltzen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan 7, 1938_

22. I HEREBY CERTIFY, That I attended deceased from _Several years_ 19____, to _Jan 5, 1938_, 19_38_

I last saw h__ alive on _Several weeks ago_, 19____, Death is said to have occurred on the date stated above, at _4:30_ m.

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

_Chronic Nephritis. gran _____
(Interstitial)_

Date of onset _____

Other contributory causes of importance:

_B_

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ 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) _S W Woltzen_ , M. D.

(Address) _Clinton, Mo._