

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH (Camden) 7
15 County Camden Registration District No. 120
Township Russell Primary Registration District No. 5122
City _____ (No. _____) St. _____ (Ward) _____

2. FULL NAME Leonard Roy De Groffened 215
(a) Residence, No. _____ St. _____ (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.

File No. 10329
Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23rd 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 16

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

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) Ark -

FATHER 13. NAME John Floyd De Groffened

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

MOTHER 15. MAIDEN NAME Luis Maxwees

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

17. INFORMANT John Floyd De Groffened
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Troop cemetery DATE 11-10-1937

19. UNDERTAKER D.A. Edison acting
(ADDRESS) Maple Creek, Mo.

20. FILED 3-25-38 1938 D.V. Myers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29th 1937 to Nov. 29th 1937
I last saw him on Nov. 29th 1937 Death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:
accidental -
struck by
vehicle
(Wind blew package of strychnine tablets
on floor of baby, found them and swallowed
them)
Other contributory causes of importance: none 179-
10-
Date of onset 137

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury _____ 1937
Where did injury occur? Camden Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury poisoning

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D.V. Myers M. D.
(Address) Camden, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10 3 29
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 120
(b) Township Russell Primary Registration District No. 3172 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leonard Roy Degraffenreid
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
		<u>11</u>	<u>16</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 5-11- 1938 D. G. Myers Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) S. K. Clifton, M. D.

(Address) Camden, mo

SUPPLEMENTARY

