

REC'D MAY 18 1938

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

Do not use this space.

14461

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1. PLACE OF DEATH

County Daviess Registration District No. 254
Township Pattonsburg, I. Primary Registration District No. 4154
City Pattonsburg, (No.) St. Ward

2. FULL NAME

Full Name Minerva Alice Groetecke
(a) Residence, No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeper
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) Mo13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mrs. J. E. Groetecke
Pattonsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old Town DATE Feb. 11 193819. UNDERTAKER (ADDRESS) W. S. Kramer
Pattonsburg, Mo.20. FILED Mo. 10, 1938 Francis C. Sultow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to Feb. 10 1938I last saw him alive on Feb. 10 1938 Death is said to have occurred on the date stated above, at 5:50 P.M.

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

Apoplexy
g. 2nd

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 Joseph W. Hedges M. D.(Signed) Joseph W. Hedges (Address) Pattonsburg

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.

