S.P.M.

REC'D FEB 24 1939

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

Do not use this space.

3133

File No. .....

Registered No. 8

1. PLACE OF DEATH

County Mississippi

Township St James

City Doerna (No. ..... St. ..... Ward)

Registration District No. 667

Primary Registration District No. 5763

2. FULL NAME 625 BERNICE GROGAN

(a) Residence, No. DOERNA St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1912

7. AGE — YEARS 26 — MONTHS 7 — DAYS 36 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Jan 2, 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER

13. NAME William Todd

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

MOTHER

15. MAIDEN NAME Fannie Todd

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

17. INFORMANT John Grogan (ADDRESS) Doerna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. O. W. DATE Jan. 21 39

19. UNDERTAKER Travis M. Shelby (ADDRESS) East Prairie Mo

20. FILED Jan 21 1939 Wm. M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Jan 20, 1939, that I last saw h~~er~~ alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 8:25 a.m.

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

	Date of onset
Pneumonia Euthelium	
following Parturition	

Other contributory causes of importance: 14 hrs

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) O. Martin MD, M. D.

(Address) Doerna Mo

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

Travis N. Shelby
Licensed no. 2726
East Prairie, Mo.