

JUL 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pike Registration District No. 683
Township Ashley Primary Registration District No. 5911
City (No. _____) St. _____ Ward _____

File No. 22979

Registered No. 7

2. FULL NAME

(a) Residence, No. 1-30 Joe Grote St. _____ Ward _____
(Usual place of abode) Home (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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26/1869

7. AGE YEARS 70 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) St. Louis, Mo.

13. NAME Henry Grote

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

15. MAIDEN NAME Mary Patrick

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

17. INFORMANT Mrs. Joe Grote (ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interment DATE July 1, 1939

19. UNDERTAKER Grace B. Smith (ADDRESS) Boonville, Mo.

20. FILED June 30, 1939 Mrs. Lysa Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939 to June 28, 1939

I last saw him alive on June 28, 1939 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Acute Endocarditis Date of onset May 1939

Other contributory causes of importance: Chronic nephritis 1937

Name of operation none Date of _____

What test confirmed diagnosis? renal 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? _____

If so, specify De F. W. Fitzgerald (Signed) _____

(Address) Boonville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Station Officer No. 10

District File Number 7-39-1189 -

Date Filed JUL 10 1939