

DEC 22 1930

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

Do not use this space.

32702-<sup>a</sup>

1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor (No. ....)

Registration District No. 14  
Primary Registration District No. 4211

File No. ....  
Registered No. 37  
Ward

2. FULL NAME Delia Grogan

(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 M 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 John Grogan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 10 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

10. NAME OF FATHER Patrick Condon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mrs Pines Douglas  
(Address) Windsor

15. Oct 29 1930 J. J. Jensen  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28-1930<sup>19</sup>

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1930 to Oct 28 1930 that I last saw her alive on Oct 28 1930 and that death occurred, on the date stated above, at 4:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
1930  
11 B  
CONTRIBUTORY (SECONDARY) Trauma of Hip - Right  
(duration) 2 yrs. .... mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) J. J. Jensen M. D.  
Oct 29 1930 (Address) Windsor

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor, Mo DATE OF BURIAL 10-29-30

20. UNDERTAKER HUSTON'S FUNERAL CHAPEL ADDRESS WINDSOR

N. B.—Every item of information submitted hereon is stated EXACTLY. PHYSICIANS & JUDGES CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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