

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

Do not use this space.

26255

1. PLACE OF DEATH

49. County Henry
5. Township Fairview
3. City Deepwater Mo (No. _____)

Registration District No. 351
Primary Registration District No. 4208

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

John A. Grob
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1862

7. AGE YEARS 71 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 7/20 11. Total time (years) spent in this occupation 127

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Illinois

13. NAME William Grob

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

15. MAIDEN NAME Clara Noepfner

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

17. INFORMANT Mrs. M. B. Douglas (ADDRESS) Deepwater Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kopf, Cemetery DATE Sept 2 1933

19. UNDERTAKER TAM HURST (ADDRESS) Deepwater Missouri

20. FILED 9-10 1933 J. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to _____, 19____.

I last saw him alive on Aug 30, 1933. 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:

Hernorrhea Præcox
aged
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) J. J. Russell M. D. (Address) Deepwater

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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