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

Do not use this space.

38137

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 228

City Moberly (No. McCormick Hospital St. Ward)

2. FULL NAME Sarah Cathrin Grotjan

(a) Residence. No. 516 No Ault 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25th 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER George Grotjan

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

12. MAIDEN NAME OF MOTHER Sarah Reif

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

14. INFORMANT George Grotjan (Address) Moberly, Mo

15. FILED 12-5 1929 Dr Thos S Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1929, to Nov. 17, 1929 that I last saw her alive on Nov 17, 1929, and that death occurred, on the date stated above, at 11.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature babe

159 (duration) yrs. mos. 23 ds.

CONTRIBUTORY (SECONDARY) Premature, 6½ month

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 161 a

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. L. McCormick, M. D

11-17th 1929 (Address) Moberly Mo

*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 Moberly Mo — DATE OF BURIAL 11-18th 1929

20. UNDERTAKER Mahan and Son — ADDRESS Moberly Mo

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

AUG 21 1948