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

Do not use this space.

13442
1278

File No. .....
Registered No. .....

1. PLACE OF DEATH Veterans' Administration Facility.
County Jackson ..... Registration District No. .....
Township Kaw ..... Primary Registration District No. .....
City Kansas City, Mo. (No. Veterans Hospital St. ..... Ward)

2. FULL NAME DeGROAT, Fred Ernest C-1 327 838 SC
(a) Residence, No. 2326 St. Joseph Ave. St., ... Ward. 1st Sgt. 6th Co Trans Corp
(Usual place of abode) St. Joseph, Missouri (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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
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) Council Bluffs
(STATE OR COUNTRY) Iowa

FATHER
13. NAME J.F.DeGroat
14. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Leona Arthur
16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Leona DeGroat (mother)
(ADDRESS) 720 East Broadway, Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph Mo DATE 4-22, 1933

19. UNDERTAKER H. O. Siebenfaden
(ADDRESS) St Joseph Mo

20. FILED 4-22, 1933 M. N. Crowell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1922, to April 22, 1933
I last saw him alive on April 22, 1933. Death is said to have occurred on the date stated above, at 7:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced active C bilateral	Unknown
23A	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Exam. X-ray & Lab. 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 .....

(Signed) W. E. Chambers, M. D.
(Address) W.E.CHAMBERS, M.D. Manager
Veterans' Administration Facility
Kansas City, Mo.

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.

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

MARGIN RESERVED FOR BINDING