

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

Do not use this space.

2892

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 Township Bethel Primary Registration District No. 5489A
 City Bethel (No. _____ St. _____ Ward _____)
 2. FULL NAME George Luther Groff 610
 (a) Residence, No. Clinton mo R.R. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1938
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
21

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1938, to 1-25, 1938
 I last saw him alive on 1-24, 1938. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

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

Tuber pneumonia Date of onset 1-21-38

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo
 13. NAME Jack Groff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry mo
 15. MAIDEN NAME Leta Heares
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair co mo

Other contributory causes of importance: 108
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Jack Groff
 (ADDRESS) Clinton
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 1/26 39
 19. UNDERTAKER Consolus & Reel
 (ADDRESS) Clinton mo
 20. FILED 1/29 1938 J.R. Hampton Registrar

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. H. Walker, M. D.
 (Address) Clinton mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every item of information should be carefully supplied. A CE should be stated EXACTLY. FURNITURE should state
 at D.

Wacker

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH