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.

DEC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lincoln — Registration District No. 491 — File No. 11331
Township Bedford — Primary Registration District No. 5654 — Registered No.
City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Lulu Moore Groshong 125
(a) Residence, No. Troy Mo. St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1880

7. AGE: YEARS 57 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Troy Missouri

FATHER
13. NAME Joseph H. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Elizabeth Shannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Walter Groshong Denver Colorado

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Cemetery DATE March 8 1938

19. UNDERTAKER (ADDRESS) Wayne McCoy Troy Mo.

20. FILED Mar 8 1938 Mrs Pearl Muck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to Mar 6, 1938
I last saw her alive on Mar 6, 1938. Death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | 9 |
| Other contributory causes of importance: | |
| Alive | 3 weeks |

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? No
If so, specify .....
(Signed) E. A. Hicks, M. D.
(Address) Troy Missouri