

SEP 28 1938

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

30226  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
(b) Township Center Primary Registration District No. 30397 Registered No. 203  
(c) City Nevada (d) Street No. Nevada City Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nellie Grotjan 632

(a) Residence, No. Nevada, Mo. R.F.D. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Keytsville, Missouri

FATHER 13. NAME William Young  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytsville, Missouri

MOTHER 15. MAIDEN NAME Beva Livingood  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytsville, Missouri

17. INFORMANT (ADDRESS) Harry Grotjan Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemetery DATE Aug 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Missouri

20. FILED 8-15, 1938 Allen J. Grotjan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938 to Aug 7, 1938

I first saw deceased alive on Aug 7, 1938 Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

Fracture Skull  
Subdural Hemorrhage  
Fracture Thoracic Spine  
Date of onset 8-7-38

Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Headed Date of injury 8-7, 1938  
Where did injury occur? Near Nevada, 1 mi. N. of Nevada  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Railroad crossing accident  
Nature of injury Car struck & heavy  
due to Cause Death

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Allen J. Grotjan M. D.  
(Address) Nevada

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.

RECEIVED  
District Health Officer No: 71  
District File Number 7-38-177  
Date Filed 9/13/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, personally

.....; or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd B. Wincott

Licensed Embalmer No. 3857

P.O. Address Nevada, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.