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

Do not use this space.

653-~~8~~ D

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.

1. PLACE OF DEATH

County Shelby

Registration District No. 259

Township Dallas

Primary Registration District No. 5367

City Dallas

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Alexander M Gromer

(a) Residence. No. _____ 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

m

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

E Gromer

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

Dec 17-1859

7. AGE

YEARS MONTHS DAYS
70 | 0 | 27

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired from

(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)

Dentry Co Mo.

10. NAME OF FATHER

Joas Gromer

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

Clinton Co Mo

12. MAIDEN NAME OF MOTHER

Mahala Dubey

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

Way Co Mo

14. INFORMANT (Address)

Geo S Gromer
Pattington

15. FILED (Date)

Jan 15, 1930
J J Phelps

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 14 1930

17. I HEREBY CERTIFY That I attended deceased from

Dec 14, 1928 to Jan 14, 1930
that I last saw him alive on Jan 12, 1930, and that death occurred, on the date stated above, at 12:09 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis and Thrombotic Heart Failure

CONTRIBUTORY (SECONDARY)

Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

at home

DID AN OPERATION PRECEDE DEATH? (DATE OF)

no

19. WHAT TEST CONFIRMED DIAGNOSIS

Autopsy
(Signed) John Frank, M. D.
, 15 (Address) Pattington

*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

Fair Port

DATE OF BURIAL

1/16 1930

20. UNDERTAKER

Geo S Gromer
Pattington

ADDRESS

