

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

Do not use this space.

1899.

**1. PLACE OF DEATH**

County Moniteau Registration District No. 571  
Township Walker Primary Registration District No. 6769  
City (No. ....) St. .... Ward)

**2. FULL NAME**

John Christina Groesback

(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 Male 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 Wilmoth Anna Groesback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1954

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Gardener

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) Germany

13. NAME Henry Groesback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Berk Schuster

18. BURIAL, CREMATION, OR REMOVAL PLACE Moniteau Church DATE Jan. 4 1934

19. UNDERTAKER William A. ...

20. FILED 1-3-34 H.R. Popeljay Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 27 1933, to Jan 2 1934

I last saw him alive on Dec 28 1933. Death is said

to have occurred on the date stated above, at 8 P. m.

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

Cardiovascular disease and Hypertension

Date of onset

Other contributory cause of importance:

Cerebral hemorrhage

12/27/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? No

If so, specify (Signed) Edgar A. Kisti, M. D. (Address) California

