

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

Do not use this space.

13978

1. PLACE OF DEATH

68 County Monroe
Township Liberty
City (No.) Ward

Registration District No. 574
Primary Registration District No. 5772A

File No. 1933
Registered No. 4
St. Ward

2. FULL NAME

Adolf Grossglauer

(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 <u>Male</u>	4. COLOR OR RACE <u>French</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Grossglauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1860 - May 14</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>11</u>
		DAYS
		<u>6</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Canton Bern Switzerland</u>		
13. NAME <u>Adolf Grossglauer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT <u>Lydia Geiger</u> (ADDRESS) <u>James town, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walden Ch. Apr 22 1933</u>		
19. UNDERTAKER <u>Charlie Fullick</u> (ADDRESS) <u>James town, Mo</u>		
20. FILED <u>Apr 21 1933</u> <u>Ellis E. Raibe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1933, to Apr 20 1933

I last saw him alive on Apr 20 1933 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:
(Apr 12 - 1933) suffered an acute Endocarditis
Hard work and mental strain.

Other contributory causes of importance
Hard work and mental strain.

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

What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) Ellis E. Raibe, M. D.
(Address) James town, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 22 1933

