

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

Do not use this space.

41762

JAN 25 1929

1. PLACE OF DEATH

County Moniteau
Township Moreau
City (No.)

Registration District No. 1095
Primary Registration District No. 4334

File No.
Registered No. St. Ward

2. FULL NAME

Thomas Melvin Grooms

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

7

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau Co
(STATE OR COUNTRY)

10. NAME OF FATHER Thos Grooms

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

12. MAIDEN NAME OF MOTHER Emma Morhan

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

14. INFORMANT Mrs Thomas Grooms
(Address)

15. FILED 12-20-1928 J.C. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1928

17.

I HEREBY CERTIFY, That I attended deceased from 12-15-1928, to 12-17-1928, that I last saw him alive on 12-15-1928, and that death occurred, on the date stated above, at 8-15 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy
74 A
if A
(duration) yrs. mos. da.
CONTRIBUTORY Asthma & Influenza
(SECONDARY) asthma, subseq
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHEN TEST CONFIRMED DIAGNOSIS Usual symptoms

(Signed) S.H. Downing, M.D.

, 19 (Address) Clarksburg Mo.

*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

DATE OF BURIAL

City Care at California

12/19 1928

20. UNDERTAKER

ADDRESS

Hellman & Friedman California

