

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

DEPT. OF COMMERCE
BUREAU OF THE CENSUS

STATE OF COLORADO
STANDARD CERTIFICATE OF DEATH
BUREAU OF VITAL STATISTICS

State File No. 7509
Registrar's No. _____ Dist. _____

Form V.S. No. 10

1. PLACE OF DEATH:

(a) County Denver
(b) City or town Denver
(c) Name of hospital or institution: Presbyterian Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Denver
(c) City or town Denver
(d) Street No. 1300 Rosemary
(e) If foreign born, how long in U. S. A. _____ years.

1(a) FULL NAME Jessie Helen MacGruder

3 (b) If veteran, name war _____ 3 (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6(e) Single, widowed, married, divorced W

6 (b) Name of husband or wife Robert J. MacGruder 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31, 1869

8. AGE: Years 73 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Columbus Ohio

10. Usual occupation at home

11. Industry or business _____

12. Name William Royce

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16 (a) Informant's own signature R. D. MacGruder

(b) Address 1300 Rosemary

17 (a) Removal Indianapolis, Ind. (b) Date thereof 6/24/43

(c) Place: burial or cremation _____

16 (c) Signature of funeral director Howard Anthony

(b) Address Denver, Colorado

19 (a) 6-24-43 (b) Charles L. Myers

MEDICAL CERTIFICATION

20. Date of death: Month June day 22 year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 10, 1943 to June 22, 1943 that I last saw h.e. alive on June 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 13 days

Due to Arterial hypertension

Due to _____

Other conditions myocarditis

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Signature J. C. Stucki, M.D. (M. D. or other) _____

Address 104 Broadway Date signed JUN 24 1943

Underline the cause to which death should be charged statistically.

WRITE PLAINLY

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED JUN 28 2000

Carol J. Garrett
CAROL J. GARRETT, PH.D.
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE