

24 1928

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

Do not use this space.

1928

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. 1506 1/2 St. Joseph Avenue) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Milton Henry Grover,  
 (a) Residence No. 1506 1/2 St. Joseph AV. St., Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 720  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Margaret Grover,  
 (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 9 5

8. OCCUPATION OF DECEASED 97  
 (a) Trade, profession, or particular kind of work Harness Maker  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) York,  
 (STATE OR COUNTRY) Pennsylvania,

10. NAME OF FATHER James Grover,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) York,  
 (STATE OR COUNTRY) Pennsylvania,  
 12. MAIDEN NAME OF MOTHER Leah Wolf,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Pennsylvania,

14. INFORMANT Mrs. Margaret Grover  
 (Address) 1506 1/2 St. Joseph Ave,

15. FILED 5 1928  
John G. Y... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4, 1928  
 17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1927, to June 4, 1928  
 that I last saw him alive on June 4, 1928, and that death occurred, on the date stated above, at 8:50 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis  
 (duration) 7 1/2 years

CONTRIBUTORY (SECONDARY) 9/10  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Russ Beck, M. D.

\*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.  
June 4, 1928 (Address) Fairbury, Nebraska, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairbury, Nebraska, DATE OF BURIAL June 6th, 1928

20. UNDERTAKER Heaton, Beale & Brown ADDRESS 319 S. 10 St.

Funeral Home

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.

