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

Do not use this space.

27389

File No. 5485

Registered No. 5485

1. PLACE OF DEATH

County: Jackson Registration District No.:

Township: Kaw Primary Registration District No.:

City: Kansas City (No. Trinity Lutheran Hospital Ward)

2. FULL NAME: Mrs Odessa Groves

(a) Residence. No. St., Ward. Drexel Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

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: Jake Groves

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years: about 43 Months: Days: If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: L. G. Garrett

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Jake Groves
(Address): Drexel Mo

15. FILED: 8-18, 1928 M M Crouse Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to 18 Aug, 1928, that I last saw him alive on 18 Aug, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute myocarditis
Gallbladder operation
Fr. Intestinal Ileus
Hysterectomy (Non-malignant)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 139 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Hickok, M. D.
18 - 1928 (Address) 1025 Rockford

*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: Drexel Mo DATE OF BURIAL: Aug 19 1928

20. UNDERTAKER: Dwyer Newcomer & Sons ADDRESS: K.C. 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.

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