

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

Do not use this space.

27762-A

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.

1. PLACE OF DEATH
 County LAWRENCE Registration District No. 27762-1
 Township Greene Primary Registration District No. H-69
 City Miller (No.) St. Ward

2. FULL NAME ELIZA JANE Mundell Grove
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1847-9-4

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 9 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer's wife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Carmichaels
 (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Joseph Mundell

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

12. MAIDEN NAME OF MOTHER Mary Reeves

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

14. INFORMANT Lettie Grove
 (Address) Miller, Missouri

15. FILED 9-12-28 W. J. Gunn
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-14 1928

17. I HEREBY CERTIFY That I attended deceased from 8-14 1928, to 8-14 1928, (that I last saw him/her alive on 8-12 1928, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
 (duration)

CONTRIBUTORY 2 only
 (SECONDARY) (duration)

18. WHERE AND DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? 0 DATE OF

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. J. Gunn, M. D.
 , 19 (Address) Miller, 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 Round Grove DATE OF BURIAL 8/15 1928

20. UNDERTAKER J. A. Morris ADDRESS Miller, Mo

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should be properly and. Exact

in. 1811. case of ELIAC 10 121

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township Greene
City Lawrence (No.)

Registration District No. 469
Primary Registration District No. 5032

File No.
Registered No. 21
St. Ward

2. FULL NAME

Eliza Jane M. Grove

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-4-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 10

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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 9-12-1880 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-14-1928

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (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) , M. D. , 19 28 (Address)

*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

20. UNDERTAKER ADDRESS

N. B. Information should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGIS: TARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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