

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

Do not use this space.

29792

**1. PLACE OF DEATH**

County Buchanan  
Towship.....  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 2227 So. 12th.)

File No.....  
Registered No. 1102  
St. .... Ward)

**2. FULL NAME Mary Grove**

(a) Residence. No. 2227 So. 12 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 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 E.F. Grove.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1862.

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	66	2	27	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House-wife

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) \*\*\*\*St. Joseph,  
(STATE OR COUNTRY) Gov. S. Missouri.

10. NAME OF FATHER Nicholas Hautzenrader

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Howard Grove  
(Address) 2227 So. 12th.

15. FILED SEP 21 1928  
John J. Galt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19, 19 28.

17. I HEREBY CERTIFY, That I attended deceased from .....  
June 5, 19 28, to Sept 17, 19 28.  
that last saw him alive on Sept 17, 19 28 and that death occurred, on the date stated above, at Sept 19 9-30 P (malignant)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pelvic Fibroid Growth  
Inoperable (included uterus  
& ovaries) #3  
ESD (duration) Not known.

CONTRIBUTORY (SECONDARY) Abdominal ascites,  
(duration) ..... yrs. 6 mos. ds.

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

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) E. A. Meudell, M. D.

Sept. 20 @ 28 (Address) Phys. & Surgeons Bldg.

\*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 Ashland Cemetery DATE OF BURIAL Sept. 22 19 28

20. UNDERTAKER H. O. Dickenfader ADDRESS 1802 Union St.

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.

22 1928

PARENTS

