

OCT 28 1930

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

Do not use this space.

26283

1. PLACE OF DEATH

County Daviess  
Township Marion  
City Marion (No. \_\_\_\_\_)

Registration District No. 257  
Primary Registration District No. 5358

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Hattie Lee Groves

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> <u>✓</u> <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 10 - 1930</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>6</u>	<u>19</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(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) Daviess Co., Mo.

10. NAME OF FATHER Earl R. Groves

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

12. MAIDEN NAME OF MOTHER Pearl Jenkins

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

14. INFORMANT Earl R. Groves (Address) Marion, Mo.

15. FILED 1930 13 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29 - 1930

17. I HEREBY CERTIFY. That I attended deceased from Aug 29, 1930, to Aug 29, 1930 that I last saw h. alive on Aug 29, 1930, and that death occurred, on the date stated above, at 9:30 P. m.

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

CONTRIBUTORY (SECONDARY) 1130 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination  
(Signed) R. D. Nicholson, M. D.

(Address) Marion, 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 Crest Orchard Cemetery DATE OF BURIAL 8/31 - 1930

20. UNDERTAKER H. A. Hope ADDRESS Gallatin

