

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

Do not use this space.

18473

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Warrensburg Primary Registration District No. 3023
 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME

Newton J Groves
 (a) Residence, No. Centerview Twp St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16. 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Joseph Groves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Dicia Nichwonger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT G. D. Groves
 (ADDRESS) Drexel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Drexel Mo DATE June, 1, 1931

19. UNDERTAKER S. R. Sweeney
 (ADDRESS) Warrensburg

20. FILED May 29, 1931 Miss Garrison
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to May 29, 1931
 I last saw him alive on May 28, 1931. Death is said to have occurred on the date stated above, at 4 A m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis, Cerebral Hemorrhage
Arterio-Sclerosis
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) Warrensburg 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.

JUN 27 1931

MARRIAGE RESERVED FOR BIRTH

S. NO. 2.

