



**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 Madison Registration District No. 24 File No.
Township Prairie Primary Registration District No. 5033 Registered No.
City (No.) St. Ward

2. FULL NAME

Tina 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 6 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER G. A. Groves

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

12. MAIDEN NAME OF MOTHER Edna Franck

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

14. INFORMANT Father. G. A. Groves
(Address)

15. FILED 11-3-31 W. H. McCall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 10 19 31

17. I HEREBY CERTIFY That I attended deceased from 9-10 1931 that I last saw him alive on 9-10 1931 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fractured skull
and internal injuries

CONTRIBUTORY (SECONDARY) accident on Highway
(duration) yrs. mos. ds. Monroe Co

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) B. Reynolds M. D.
, 19 (Address) Santa Fe 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 Union Cem. DATE OF BURIAL 9/11 19 31

20. UNDERTAKER Snyder & Hanger ADDRESS Santa Fe Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

S-30453