

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

Do not use this space.

37179

1. PLACE OF DEATH

County Clinton Registration District No. 205
Township Atchison Primary Registration District No. 4123
City Gower (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Cynthia Ann Groom
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Gower, Mo.
(STATE OR COUNTRY) Clinton Co

FATHER 13. NAME J. Woodson Groom

14. BIRTHPLACE (CITY OR TOWN) Gower Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Amanda Pierce

16. BIRTHPLACE (CITY OR TOWN) Gower Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Laura Hawkins
Gower, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gower DATE Nov 13 1931

19. UNDERTAKER (ADDRESS) J. G. Groom
St. Louisville

20. FILED 11-12 1931 J. G. Groom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 9, 1931

I last saw him alive on Nov 9, 1931. Death is said to have occurred on the date stated above, at 9:45 am.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
HTA
J. G. Groom
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931

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? no
If so, specify _____

(Signed) J. G. Groom, M. D.
(Address) Gower Mo

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.

DEC 21 1931

RECORD THIS IS A PERMANENT RECORD

