

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

Do not use this space.

16349

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 205 West Armour Blvd. St. _____ Ward)

File No. 2142
Registered No. _____

2. FULL NAME Mrs. Mamie S. Groover

(a) Residence, No. 205 West Armour Blvd. 5 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. C. Groover		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1877		
7. AGE	YEARS 54	MONTHS 8
	DAYS 3	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 135	
	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)	Mississippi	
FATHER	13. NAME Dont Know	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi	
MOTHER	15. MAIDEN NAME Dont Know	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi	
17. INFORMANT	Mr. E. C. Groover	
(ADDRESS)	205 West Armour Blvd. K. C. Mo	
18. BURIAL OR REMOVAL PLACE	Conway Ark	
DATE	May 28, 1932	
19. UNDERTAKER (ADDRESS)	Freeman Mortuary and Chapel 104 W. 42nd St. K. C. Mo	
20. FILED	5/28 1932 M. C. Groover Registrar	

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **May 5, 1932** to **May 27, 1932**
I last saw her alive on **May 27, 1932** Death is said to have occurred on the date stated above, at **10:10 A.M.**

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

Carcinoma of Left Breast
50
Other contributory causes of importance: **30** **1**

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) **John S. Kramer**, M. D.
(Address) **1402 Bryant**

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.

