

WRITE PRINTED, 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.

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

Do not use this space.

20608

1. PLACE OF DEATH

94 County St. Francois
4 Township St. Francois
6 City Elving (No.)

Registration District No. 772
Primary Registration District No. 2463

File No. 817
Registered No. 8
St. Ward)

2. FULL NAME

Adam B. Grounds

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. com. Laborer

10. Date deceased last worked at this occupation (month and year) 2-16-1932 11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Missouri

13. NAME William Grounds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas, U.S.A.

15. MAIDEN NAME Mary Grounds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Car.

17. INFORMANT (ADDRESS) Frank Hinson

18. BURIAL, CREMATION, OR REMOVAL Rehoboth Chapel DATE 6/4 1932

19. UNDERTAKER (ADDRESS) Goodwill Bur.

20. FILED June 3rd 1932 Edw. E. Hildreth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1932, to June 2 1932

I last saw him alive on May 20, 1932 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Arteriosclerosis Date of onset

Other contributory causes of importance: 97 97

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? no
If so, specify

(Signed) E. B. Barrar, M. D.
(Address) Blair River, W.

