

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

Do not use this space.

36432

1. PLACE OF DEATH

67 County Miss Registration District No. 566
 Township Argawaffely Primary Registration District No. 5762
 City Paris (No. 1) St. _____ Ward _____

File No. _____
 Registered No. 101
 St. _____ Ward _____

2. FULL NAME

Lisa Lee Groves
 (a) Resident No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 - 1929
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
3 2 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Miss Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER

Earl Groves

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Summer Co. Tenn
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ruby Stinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Summer Co. Tenn
 (STATE OR COUNTRY)

14.

INFORMANT Lisa Lee Groves
 (Address) R. F. #1 - Bertrand Mo.

15.

Nov 22 1932 J. A. Vernon
 FILER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/22 1932

17. I HEREBY CERTIFY, That I attended deceased from 11/21 1932 to 11/22 1932
 that I last saw h. e. r. alive on 11/22 1932 and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
11A
127A
 (duration) _____ yrs. mos. ds. 2 ds.
 CONTRIBUTORY Lathrip 11A
 (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____ (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ch. Symptom

(Signed) E. Chest M. D.

, 19 (Address) Charleston 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

DATE OF BURIAL

Dix Grove Cemetery 11/23 1932

20. UNDERTAKER

ADDRESS

The Fair Free Co. Charleston
11A 470

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.

