Rice

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

Do not use this space.

File No. 38354

Registered No. 93.

1. PLACE OF DEATH

County: Bates — Registration District No. 50

Township: — Primary Registration District No. 3004

City: Butler (No. ..., ... St. ... Ward)

2. FULL NAME: Mrs. Verre Grout.

(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.

JAN 21 1933

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: Harry Grout.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8 1908

7. AGE: Years 24 | Months 5 | Days 21. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Bates Co Mo

FATHER

13. NAME: James. W. Knuckles.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Flo Padgett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Harry Grout Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill DATE: Dec 31, 1932

19. UNDERTAKER (ADDRESS): Culver's Butler Mo

20. FILED: Dec 31, 1932 Nina L Culver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 32, 19..., to Dec. 29, 32, 19..., I last saw him alive on Dec. 29, 1932. Death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

Pueperal Eclampsia — Date of onset Dec 28

Other contributory causes of importance:
Nepritis

Name of operation: None — Date of: No
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) C. M. Rice, M. D.
(Address) Butler, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD