

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

Do not use this space.

**26044**

**1. PLACE OF DEATH**

31 County Daniess Registration District No. 250  
Township Manroe Primary Registration District No. 5349  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 675

**2. FULL NAME**

Wm. Groves  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>male</u>   | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Nellie Groves</u>                        |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>About '72</u>   |                                  |   |
| 7. AGE  | YEARS                            | MONTHS  |
| <u>72</u>   |                                  |   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Labor</u> |                                  | 11. Total time (years) spent in this occupation. <u>Life</u>                |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Common Labor</u>   |                                  |   |
| 10. Date deceased last worked at this occupation (month and year)<br><u>Aug-1931</u>                        |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Darien Co. Mo.</u>                                   |                                  |   |
| 13. NAME<br><u>Henry Groves</u>   |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |                                  |   |
| 15. MAIDEN NAME<br><u>unknown</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |                                  |   |
| 17. INFORMANT<br><u>Vader Cox</u><br>(ADDRESS) <u>Nettleton, Mo.</u>  |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>St. Joseph Mo.</u> DATE <u>Aug. 29-1933</u>                   |                                  |   |
| 19. UNDERTAKER (ADDRESS)<br><u>H. A. Hope</u><br><u>Gallatin, Mo.</u>                                       |                                  |   |
| 20. FILED <u>8-28-33</u> 19 <u>33</u> <u>H. A. Gardner</u><br>Registrar.                                    |                                  |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27-1933

22. I HEREBY CERTIFY, That VIEWED deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him dead alive on Aug 27-, 1933. Death is said to have occurred on the date stated above, at 12:20 a. m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Lungs  
Date of onset Jan. 1933

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 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. Cotter Murray Coroner  
H. A. Hope Deputy Coroner  
(Address) Gallatin, Mo.

WRITE PLAINLY 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.

SEP 26 1933

