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

Do not use this space.

FEB 27 1934

PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. , St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. 1682
Registered No.

FULL NAME Martha Culton Grover

(a) Residence, No. 203 E Gay 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1856

7. AGE: YEARS 77 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Warrensburg Mo.

FATHER
13. NAME Benj. W. Grover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia Ohio

MOTHER
15. MAIDEN NAME Letitia Sheets
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cinn[illegible] Ohio

17. INFORMANT (ADDRESS) Miss Eliz. F. Grover 203 E Gay

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Jan. 7 1934

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Jan 6 1934 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 5, 1934
I last saw him alive on Jan 4, 1934 Death is said to have occurred on the date stated above, at 8:35 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

93 C

Date of onset

Other contributory causes of importance:

93 C

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) [signature], M. D.
(Address) Warrensburg Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.