MAY 25 1934

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

Do not use this space.
13142
1193

File No. .....
Registered No. .....

1. PLACE OF DEATH

County Jackson Registration District No. .....

Township Kaw Primary Registration District No. 1

City Kansas City (No. 3944 Forest St. ..... Ward)

2. FULL NAME Mrs. Salone Gruver

(a) Residence, No. 3944 Forest St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	92	11	22	

OCCUPATION

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

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) Pennsylvania

FATHER

13. NAME George Rinard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER

15. MAIDEN NAME Susanna Mohney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Mrs. Thomas J. Davis
(ADDRESS) 3944 Forest K. C. Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Sigel, Pa. DATE 4/29/34, 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 4-28, 1934 M M Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27 '34, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 19 34, to 4-27, 19 34

I last saw h. alive on 4-27, 19 34. Death is said to have occurred on the date stated above, at 7 30 P m.

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

	Date of onset
Coronary occlusion	4/27/34
(Old)	
MI	
97	

Other contributory causes of importance: Arteriosclerosis

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?
If so, specify
(Signed) W. A. Simmons, M. D.
(Address) 843 Argyle Rd

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.

Dr. W. A. Armour
Vr 1293
2 to 5

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