

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.

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

Do not use this space.

SEP 14 1934

30094

**1. PLACE OF DEATH**

County Merion  
Township Marion  
City                      (No.                     )

Registration District No. 553  
Primary Registration District No. 5746

File No.                       
Registered No. 17  
St.                      Ward                     

**2. FULL NAME**

Luane Fletcher 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 male 4. COLOR OR RACE white 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) June 20-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 1 18

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

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) Iowa

13. NAME Fletcher Groves

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

15. MAIDEN NAME Brasewell

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

17. INFORMANT (ADDRESS) Mrs Fletcher Groves Merion mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Genevieve la DATE Aug 10, 1934

19. UNDERTAKER (ADDRESS) Frank Mass Princeton mo

20. FILED Aug 9, 1934 Mrs. Chie Daverport Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    .

I last saw him                      alive on                     , 19                    . Death is said

to have occurred on the date stated above, at                      o'clock,                      m.

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

Death caused by being thrown from a horse & causing his skull to be crushed while driving cattle out of a barn field on his father's farm, ten miles north west of Princeton, Mo.

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) P. E. Barrett Princeton mo  
(Address) Princeton mo

Date of onset                       
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