

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

OCT 16 1934

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

Do not use this space.

33450

1. PLACE OF DEATH
 67 County Miss. Registration District No. 526
 Township Lyons Primary Registration District No. 5762
 City Lyons (No. _____) St. _____ (Ward _____)

2. FULL NAME Edward Blaine Grooms
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>48</u>	<u>6</u>	<u>15</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2100

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

MOTHER FATHER

13. NAME Zack Grooms 9

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

15. MAIDEN NAME Nancy Richardson

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

17. INFORMANT Lucy Grooms
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE 9/11 34
 19. UNDERTAKER Charleston Furn. Co.
 (ADDRESS) Charleston, Mo.

20. FILED 9/11 1934 Z. Vernon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1934

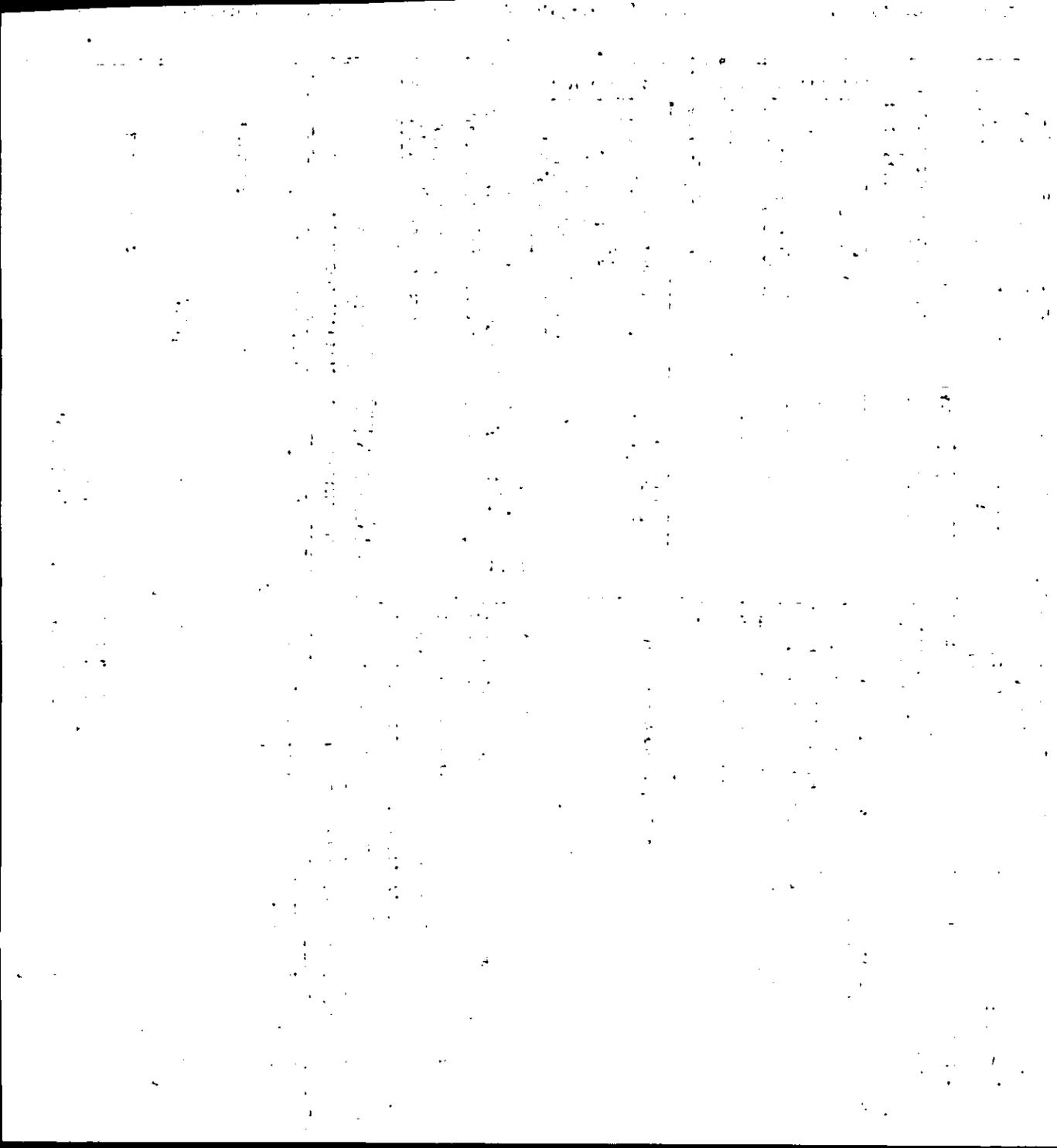
22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934, to Sept 9, 1934
 I last saw him alive on Sept 9, 1934 Death is said to have occurred on the date stated above, at 10:30 PM
 The principal cause of death and related causes of importance were as follows:
auto accident
Mack 7 Autos
 Date of onset _____

Other contributory causes of importance: 710

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 Sept 9, 1934
 Where did injury occur? 2 miles East of Clinton, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Highway
 Manner of injury auto accident
 Nature of injury concussion of brain & rupture of ribs

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. Mustalen, M. D.
 (Address) Clinton, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Synapple Primary Registration District No. 5762
City St. Louis (No.) St. () Ward ()

File No. 33450
Registered No. _____

2. FULL NAME Edward B. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 6 12

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS) _____

20. FILED May 2nd 1935 J. J. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1934

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

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

to have occurred on the date stated above, at _____ m.

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

Auto accident Date of onset _____

Use of auto
was drunk while intoxicated

Other contributory causes of importance: _____

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? accident Date of injury Sept 9, 1934

Where did injury occur? 3 miles west of Chester, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on public highway

Manner of injury cut & lacerated & fractured

Nature of injury all over head & forehead

24. Was disease or injury in any way related to occupation of deceased? stand spine was fractured

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APR 24 1935

S-33450