APR 5 1935

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

Do not use this space.

8331

1. PLACE OF DEATH

County Cape — Registration District No. 125 — File No.

Township ~~Cape~~ — Primary Registration District No. 3009 — Registered No. 71

City Cape Girardeau (No. St. Francis Hospital St. Ward)

2. FULL NAME Walter R Groves

(a) Residence, No. St., Ward. Allenville Mo.
(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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 11-1876

7. AGE: YEARS 58 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Allenville Mo

FATHER

13. NAME: Roger W. Groves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allenville Mo

MOTHER

15. MAIDEN NAME: Martha Renfro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gordonville Mo.

17. INFORMANT (ADDRESS): Mrs. Carrie Groves Allenville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion M E Cemetery DATE Mar 10 1935

19. UNDERTAKER (ADDRESS): Crocoft & Miller Jackson Mo.

20. FILED 3-7 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to Mar 4, 1935
I last saw him alive on Mar 5, 1935. 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:

	Date of onset
Apoplexy	
8221	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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?
If so, specify

(Signed) F. S. Markel, M. D.
(Address) Allenville Mo

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.