

JAN 23 1937

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

Do not use this space.

8546-4

3a

File No.

Registered No. 32

St. Ward)

1. PLACE OF DEATH

County Cooper

Registration District No. 219

Township North

Primary Registration District No. 0299

City North

2. FULL NAME Alice Grey 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/1935

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1935, to Mar 29, 1935.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1865

I last saw her alive on Mar 29, 1935. Death is said to have occurred on the date stated above, at 10:30 A.M.

7. AGE YEARS 69 MONTHS 9 DAYS 5 IF LESS than 1 day, hrs. or min.

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

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

Tuberculosis lungs Date of onset 2 yrs

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) 2/31/35 11. Total time (years) spent in this occupation ✓

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County Virginia

13. NAME Samuel Lionberger

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

15. MAIDEN NAME Susan Hoffman

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

17. INFORMANT Mrs. E. P. Richard (ADDRESS) Carson City Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethelham DATE 3/31/35

19. UNDERTAKER Samuel E. Richard (ADDRESS) Depue, Mo

20. FILED 19 Registrar.

Name of operation None Date of None
What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1935

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) W. H. Elliott, M. D.
(Address) Beaumont Mo.

ty Classified. Exact Date

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