

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

Do not use this space.

JAN 19 1937

44142

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo (No. ✓)

Registration District No. 198
Primary Registration District No. 3.11

File No. _____
Registered No. _____
St. 3d Ward)

2. FULL NAME GROVES, John

Veterans Administration Facility
(a) Residence, No. Excelsior Springs, Mo. St. _____ Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marguerite Groves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>3</u>	<u>24</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Street Car Operator</u>
	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) Chestertown, Md.
(STATE OR COUNTRY)

13. NAME Elmer S. Groves (Deceased)

14. BIRTHPLACE (CITY OR TOWN) Bakersville, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Lula Harris (Deceased)

16. BIRTHPLACE (CITY OR TOWN) Pakers' Island, Md.
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE K. C., Mo. DATE Dec. 23, 1936

19. UNDERTAKER D. W. Newcomer Sons
(ADDRESS) Kansas City, Mo

20. FILED 2-23, 1936 Rea McConser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1936 to December 23, 1936

I last saw him alive on December 23, 1936 Death is said

to have occurred on the date stated above, at 4:45 a.m.

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

Congestive heart failure

Date of onset _____

Other contributory causes of importance:

Hypertensive heart disease

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? NO 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) H. C. HARDEGREE, MD. Clinical Director,
Veterans Administration Facility
(Address) Excelsior Springs, Missouri

