



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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Hardin
City Hardin (No. _____) St. _____ Ward _____

Registration District No. 740
Primary Registration District No. 4442

File No. 7806
Registered No. _____

2. FULL NAME

Louery Verrell Grove

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29 - 1859</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</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 <u>40 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville Ohio</u>		
13. NAME <u>John H. Grove</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville Ohio</u>		
15. MAIDEN NAME <u>Bowhard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dartmouth Ohio</u>		
17. INFORMANT (ADDRESS) <u>Mar. H. B. Biggers Hardin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hardin cem</u> DATE <u>Feb. 8 1937</u>		
19. UNDERTAKER (ADDRESS) <u>R. P. Biggers Hardin Mo.</u>		
20. FILED <u>Feb. 8 1937</u> <u>R. J. Willetford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1936, to Feb. 6 1937,
I last saw him alive on Feb. 5 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Essential Nephritis
Arteriosclerosis
Date of onset 2-2-37
10-6-36
15-9-36

Other contributory causes of importance:
1/3

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) Marion Grimes M. D.
(Address) Hardin Mo

GROUP OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

9086