

REC'D JUL 11 1938

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

22447
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
(b) Township Mississippi Primary Registration District No. 3030
(c) City Charleston Mo (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. // mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Jean Groves

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Charleston Mo (Usual place of abode, if no street address, write county or city)

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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

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

22. I HEREBY CERTIFY That I attended deceased from June 11, 1938, to June 11, 1938
I last saw her alive on dead a few minutes before arrival 1941/38 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 11 24

Acute Intestinal Infection (Dysentery) Date of onset 6-9-38
Other contributory causes of importance: 11/9/38

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as 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) Near Charleston Missouri

FATHER 13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Ala Groves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Missouri

17. INFORMANT (ADDRESS) Carter Groves Charleston Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 6/11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Franklin Funeral Service Charleston Missouri

20. FILED 6-12-1938 F. A. Vernon Local Registrar.

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? no
If so, specify _____
(Signed) W. S. Love, M. D.
(Address) Charleston, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.