FILED MAR 1 19

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

Do not use this space.

File No. 8561

Registered No.

1. PLACE OF DEATH

County Worth — Registration District No. 906

Township Allen — Primary Registration District No. 6216

City Denver (No. 620 St. ; Ward)

2. FULL NAME Nelson Eddie Grove

(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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1939

7. AGE: Years — ; Months 2 ; Days 1 ; If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Denver Mo

FATHER

13. NAME Wm Grove

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Co Mo

MOTHER

15. MAIDEN NAME Ethyl Moulder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax Mo

17. INFORMANT (ADDRESS) J O Brown Denver Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rest Cemetery DATE Jan 20 1940

19. UNDERTAKER (ADDRESS) Brand Bros Denver Mo

20. FILED March 1 1940 A L Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19 1940

22. I HEREBY CERTIFY, that the deceased was found dead at 4:00 A.M. 19

I last saw him alive on January 10 1940. Death occurred on the date stated above, at approximately 1:30 or 2:00 am.

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

	Date of onset
Strangulation from vomitus	

Other contributory causes of importance:

Had enteritis December 15th 1939 & some cell.	

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 None

(Signed) J H Bailey D.O. M.D.

(Address) Denver, 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.