

DEC 29 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35634

1. PLACE OF DEATH

County Clay
 Township Liberty, Mo.
 City Liberty, Mo.

Registration District No. 201
 Primary Registration District No. 3013
 (No. Main Street (South))

File No. _____
 Registered No. 114
 St. _____ Ward _____

2. FULL NAME

Anna Grooms

(a) Residence. No. Main str (South) St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Negro

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

Widowed

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

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs.
 or _____ min.

77

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Liberty (Casey Co) Ky

10. NAME OF FATHER

Isaac Offley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Sarah Whip

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14.

INFORMANT

(Address)

Sarah Robinson
Main Street South.

15.

FILED

12/9/30
W.H. Jackson
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov. 14 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1930, to Nov. 13, 1930, and that I last saw him alive on Nov. 13, 1930, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Atherosclerosis579/13/30

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Gangrene of foot

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Waffle Jackson, M. D.

11/13/30 19 (Address) Liberty, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Liberty, Mo Cemetery11-16-30

20. UNDERTAKER

ADDRESS

Flynn & GreenstreetK.C. Mo

Exact statement of OCCUPATION is very important.
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

