WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 22 1933

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

Do not use this space.

19276

1. PLACE OF DEATH

27 County Cooper — Registration District No. 219 — File No. 2a

Township Kelley — Primary Registration District No. 5209 — Registered No. 19

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME S. H. Groves

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 13, 1864.

7. AGE: YEARS 68 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Cooper County Missouri

FATHER

13. NAME W. T. Groves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER

15. MAIDEN NAME Margaret Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~#######~~ Missouri

17. INFORMANT (ADDRESS) Tom Groves Tipton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bunceton DATE 6-8-1933

19. UNDERTAKER (ADDRESS) Jewell E. Richards Tipton Mo

20. FILED 6/6 1933 Hattie Pafin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from on June 4, 1933 to June 5, 1933

I last saw him alive on June 5, 1933 Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Cerebral Thrombosis

Date of onset

82B

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none 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) R. Q. Keeley, M. D.

(Address) Bunceton, Mo.