

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 26 1935

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

Do not use this space.

17287

1. PLACE OF DEATH

County Madison
Township Wheatland
City Wheatland (No. Mo)

Registration District No. 622
Primary Registration District No. 4873
5-9-2-11

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

Caltha chene Groves

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

Length of residence in city or town where death occurred 50 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— Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Groves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 83 4 17

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) Graham Missouri

FATHER
13. NAME H. C. Linnville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Missouri

MOTHER
15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graham Missouri

17. INFORMANT (ADDRESS) Don O. Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Groves Cemetery DATE May 29, 1935

19. UNDERTAKER (ADDRESS) Campbell Funeral Home
Marionville Missouri

20. FILED June 10, 1935 Herbert Black
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to May 29, 1935
I last saw her alive on May 26, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Gastric carcinoma Date of onset _____

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 _____, 1935

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) E. L. Morgan, M. D.
(Address) Graham, Mo

