

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNING STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Co. Cole Registration District No. 213
 Township 3 Primary Registration District No. 3014
 City Jefferson City (No. 1) St. Marys Hosp. St. _____ Ward _____
 2. FULL NAME Forest Edmer Groves
 (a) Residence, No. Frankenstein St. _____ Ward _____
 (Usual place of abode) R. D. (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.

File No. 11664
 Registered No. 122
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. E. C. Groves
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10-1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4-3 3 12
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. James
 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) Isbell Mo
 MOTHER FATHER
 13. NAME James Groves
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isbells Mo
 15. MAIDEN NAME Matthe Braden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 17. INFORMANT Mrs Forest Groves
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Frankenstein Mo DATE Feb 24 1937
 19. UNDERTAKER Morton Funeral Home
 (ADDRESS) Lebanon Mo
 20. FILED 3/23/1937 D. Bedford M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1937
 22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1937 to Mar 22 1937
 I last saw him alive on Mar 22 1937. Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
Chronic valvular heart disease
 Date of onset _____
 Other contributory causes of importance: 92a
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physiologic What type an autopsy? Yes
 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) H. D. Taylor, M. D.
 (Address) Jefferson City Mo

