

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

Do not use this space.

15021

FILED MAY 4 1943

1. PLACE OF DEATH
 24 County Madison Registration District No. 250
 0 Township Grant Twp Primary Registration District No. 3848
 1 City Marionville Mo (No. _____) St. _____ Ward _____

2. FULL NAME Hiram Lafayette 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs H. L. Groves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-1-1892</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Graham Missouri</u>		
MOTHER, FATHER	13. NAME <u>James Franklin Groves</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Graham Missouri</u>	
	15. MAIDEN NAME <u>Sarah R. Spencer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clara Missouri</u>	
17. INFORMANT <u>Delmas Groves</u> (ADDRESS) <u>Kansas City Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion Cemetery</u> DATE <u>4-13-1943</u>		
19. UNDERTAKER <u>Campbell Funeral Home</u> (ADDRESS) <u>Marionville Missouri</u>		
20. FILED <u>4-12-43</u> <u>A. D. Barrell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Stychnin Poison
165 E

Other contributory causes of importance:
Perniciou anemia
Sarthritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lang Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 4-11-1943
 Where did injury occur? Barred Madway Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Coroner
 (Signed) W. R. Jackson, M. D.
 (Address) Marionville, Mo. 4-12-43

MARGIN RESERVED FOR BINDING

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.

V. S.

This Body was Embalmed
W. H. Case Campbell

2620

Marquette Mo