

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.

MAY 26 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

13297

## 1. PLACE OF DEATH

68 County Monteale  
 Township Walker  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 571  
 Primary Registration District No. 4335  
5769

File No. \_\_\_\_\_  
 Registered No. 16  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Bertie May Grooms

(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 Female 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 Ray Grooms  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1893  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Monteale Co 1

MOTHER FATHER 13. NAME A. N. Senior  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteale Co  
 15. MAIDEN NAME Viola Crawford  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteale Co

17. INFORMANT Ray Grooms  
 (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springton Church DATE 4/4 1932

19. UNDERTAKER Willeman & Trustmeyer  
 (ADDRESS) California Mo

20. FILED Apr 30 1932 Geo. N. Roth  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April May 12-1932

22. I HEREBY CERTIFY, That I attended deceased from four days to April 2-1932

I last saw him, alive on April 2-1932 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:

Double Pneumonia

Other contributory causes of importance: ①

8 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify L.M. Gray

(Signed) \_\_\_\_\_, M. D.

(Address) California Mo

