

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.

PLACE OF DEATH

County Greene Co.

Township Walnut Grove Mo. Registration District No. 323

Village \_\_\_\_\_ Primary Registration District No. 5450

City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 32801

Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Edmer Omer Greep

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF BIRTH Oct 6 1881  
(Month) (Day) (Year)

AGE 29 yrs. 2 mos. 8 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS  
NAME OF FATHER John Greep  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ark.  
MAIDEN NAME OF MOTHER Caroline Hall  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Greep  
(ADDRESS) Walnut Grove Mo.

Filed Dec. 16, 1911 L. E. McClure  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 12, 1910, to Dec 14, 1910  
that I last saw him alive on Dec 13, 1910,  
and that death occurred, on the date stated above, at 2-a.m.  
The CAUSE OF DEATH\* was as follows:

pernicious anemia  
71A

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) A. P. Smith M. D.  
Dec 14, 1910 (Address) Walnut Grove Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State 29 yrs. 2 mos. 8 ds.

Where was disease contracted if not at place of death? Greene Co.  
Former or usual residence East of Lusk 7000

PLACE OF BURIAL OR REMOVAL Greene Haven DATE OF BURIAL Dec 15, 1911

UNDERTAKER H. A. Brim ADDRESS Mo. St. J.

report specifically the occupations for wages, as *Servant*, *Domestic service* for wages, as *Servant*, etc. If the occupation has been account of the DISEASE CAUSING at beginning of illness. If that fact may be indicated thus: For persons who have no occupation.

of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with regard to time and causation), using always the same name of origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Plasterer*, *Visitor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many in industrial employments, it is necessary the kind of work and also (b) the business or industry, and therefore as provided for the latter statement; it only when needed. As examples: (a) *Textile mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Unskilled laborer*, *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the (not paid *Housekeepers* who receive a salary, *Housewife*, *Housewife*, and children, not gainfully employed, *At home*. Care should be taken to report the occupations of persons engaged in the occupation for wages, as *Servant*, *Cook*, *Housewife* occupation has been changed or given of the DISEASE CAUSING DEATH, state occasioning of illness. If retired business may be indicated thus: *Farmer* (retired). For persons who have no occupation *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with regard to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Coma, etc., of" (name origin; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Chloral heart disease*; *Chronic interstitial nephritis* contributory (secondary or intercurrent) should not be stated unless important. Example: *Case causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptomatic conditions, such as "Asthenia," "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always diseases resulting from childbirth or menstruation. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature

[ U. S. Census and American Public Health Association ]

## of Death

Statement of cause of death

coma, etc., of ..... (name origin; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Chloral heart disease*; *Chronic interstitial nephritis* contributory (secondary or intercurrent) should not be stated unless important. Example: *Case causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptomatic conditions, such as "Asthenia," "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always diseases resulting from childbirth or menstruation. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature

State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with regard to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Coma, etc., of" (name origin; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Chloral heart disease*; *Chronic interstitial nephritis* contributory (secondary or intercurrent) should not be stated unless important. Example: *Case causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptomatic conditions, such as "Asthenia," "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always diseases resulting from childbirth or menstruation. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature