

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

A

**1. PLACE OF DEATH**

County Clark Registration District No. 100 File No. 17808  
 Township Des Moines Primary Registration District No. 500 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alonzo Greenleaf  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Greenleaf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 21 8

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rustler  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Greenleaf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Madford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
 (STATE OR COUNTRY)

14. INFORMANT A. S. Herrick  
 (Address) Hampton Iowa

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 - 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Found drowned in Des Moines river June 12 - 1927 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) R. G. Callahan Coroner, M. D.  
 , 19\_\_\_\_ (Address) Spring Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER H. C. Payne ADDRESS \_\_\_\_\_

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.

RECORD

THIS IS A PERMANENT RECORD

# Revised United States Standard Certificate of Death

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

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation,) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (morely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. 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 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.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion*, *cellulitis*, *childbirth*, *convulsions*, *hemorrhage*, *gangrene*, *gastritis*, *erysipelas*, *meningitis*, *miscarriage*, *necrosis*, *peritonitis*, *phlebitis*, *pyemia*, *septicemia*, *tetanus*." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**  
 County..... *Clark* ..... Registration District No. *193* ..... File No. ....  
 Township..... *Des Moines* ..... Primary Registration District No. *210* ..... Registered No. ....  
 City..... (No. ....) ..... St. .... Ward) .....

**2. FULL NAME**..... *Alonso Greenleaf* .....  
 (a) Residence No. .... St. .... Ward. ....  
 (Usual place of abode) .....  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**..... *Male* .....  
**4. COLOR OR RACE**..... *White* .....  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)..... *Widowed* .....  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**..... *Mollie Greenleaf* .....  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**..... *MAY 24 - 1884* .....  
**7. AGE**  
 YEARS..... *83* ..... MONTHS..... *2* ..... DAYS..... *8* .....  
 If LESS than 1 day, .... hrs. or .... min.  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work..... *Laborer* .....  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**..... *June 1st 1927* .....  
**17. I HEREBY CERTIFY**, That I attended deceased from ..... to .....  
 that I last saw him..... alive on ....., 19....., and that death occurred, on the date noted above, at.....  
**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
*Prison dead in Des Moines river June 12 - 1927*  
 (duration)..... yrs. .... mos. .... da.  
**CONTRIBUTORY (SECONDARY)**..... (duration)..... yrs. .... mos. .... da.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**..... *Rustic, Missouri* .....  
**10. NAME OF FATHER**..... *Thomas Greenleaf* .....  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**..... *Not known* .....  
**12. MAIDEN NAME OF MOTHER**..... *Esther Budd* .....  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**..... *Not known* .....

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
 Did AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed)..... *R. R. Callahan Coroner, M. D.* .....  
 , 19..... (Address)..... *Lusby, Mo* .....

**14. INFORMATION (Address)**..... *J. H. Sherrill, Harrisonville, Iowa* .....  
**15. FILED**..... *12-1-27* ..... 19..... *W. F. Kirsch* ..... REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**..... *Harrisonville Iowa Cemetery* .....  
**DATE OF BURIAL**..... *June 12 1927* .....  
**20. UNDERTAKER**..... *H. C. Pap #136 Harrisonville, Ia* .....  
**ADDRESS**.....

N. F. ... of information ... AGE should be stated ... CLASSIFIED. Exact statement ... PHYSICIANS should state ... TION is very important. ... REGISTRATION ... FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED ... AS PRESCRIBED BY LAW ... REGISTRARS SHALL NOT RECEIVE ...

DECEASED  
 MOLLIE GREENLEAF  
 DECEASED

A-808 L/100 S

Name: Alonso Greenleaf  
Who died at: Clark Co, Mo, on June 11, 1927

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Found drowned in Des Moines river - June 12, 1927

Contributory: ~~\_\_\_\_\_~~ Unknown

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? No What test confirmed diagnosis? \_\_\_\_\_

Name of physician: R. G. Ballihan M.D.

Address of physician: Luray - Missouri

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