

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

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**1. PLACE OF DEATH**

County Jackson Registration District No. 299  
 Township Rain Primary Registration District No. 1002  
 City St. Louis (No. 37 + Blue Ridge St. Ward)

File No. 3197  
Registered No. 3197

**2. FULL NAME**

Mrs Julia V. Greenleaf

(a) Residence. No. 37th + Blue Ridge Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>7</u>	<u>6</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Bonville  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Mk Vollrath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sarmani  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lizette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France  
 (STATE OR COUNTRY)

14. INFORMANT Mrs R R Davis  
 (Address) 37th + Blue Ridge

15. FILED 3/22/28 M. M. Lawrence REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10 1928  
6:20 P.M., 1928, to March 11 4:30 A.M., 1928.  
 that I last saw her alive on March 10 1928, and that death occurred, on the date stated above, at 7:35 A.M.

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

Cerebral apoplexy  
arteriosclerosis  
 (duration) not known yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH... no. DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical picture

(Signed) D. Thomas Pittman, M. D.  
3/12, 1928 (Address) 744 Rathof Bldg Homeo

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL 3-15 1928

20. UNDERTAKER D. W. Newcomer & Co. ADDRESS K. C. Mo.

PARENTS

1.30  
Dr. J. Pittman  
744 Lathrops  
Vi 7112  
-Te

CHERRY  
STATION  
92200

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**  
 County: Jackson Registration District No. 403 File No. ....  
 Township: Brookings Primary Registration District No. 3-5-3-9 Registered No. ....  
 City: (No. 37th & Blue Ridge) St. .... Ward) .....

**2. FULL NAME** Mrs Julia Greenlease  
 (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 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. C. Greenlease

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
71 7 6

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

9. BIRTHPLACE (CITY OR TOWN) Boonville  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Link - Voth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Wm Lizzette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France  
 (STATE OR COUNTRY) .....

14. INFORMANT Mrs R. R. Davis  
 (Address) 37th & Blue Ridge

15. FILED 9/2 28 19 28

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 19 28  
 17. I HEREBY CERTIFY That I attended deceased from Mar 10-6:30 P.M. to Mar 11-4:30 P.M. 19 28  
 that I last saw h. ex. alive on Mar 10, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Apoplexy  
7401  
 (duration) .... yrs. .... mos. .... ds.  
 CONTRIBUTORY Arterio sclerosis  
 (SECONDARY) not known  
 (duration) .... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH: no DATE OF: .....

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Clinical picture  
 (Signed) J. Thomas Pittman, M. D.  
 , 19 (Address) 744 Lathrop Bldg. K.C. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL 3-15 19 28

20. UNDERTAKER D. W. Newcorn's Corp. K.C. mo.

REGISTRAR

REGISTERS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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