

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.)

2315 Eugene St.

791

1003

15745

68

File No.

4857

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. 2315 Eugene St., 22 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

Female

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Feb 14 - 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

107P

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Cleveland Greenwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

12. MAIDEN NAME OF MOTHER

Ruby Sedmond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ark

14.

INFORMANT

(Address)

Ruby Sedmond

2315 Eugene

15.

FILED

May 11 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1928

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 11, 1928, and that death occurred, on the date stated above, at..... l. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Broncho - Pneumonia Primary

CONTRIBUTORY (SECONDARY)

Wma

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)

, 19 (Address)

*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

DATE OF BURIAL

Washington Park

5-4 1928

20. UNDERTAKER

ADDRESS

Watson and son 2941 Olive

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.

