

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. 6423 Nashville Ave)

File No. 28640
Registered No. 8095
St. _____ Ward _____

2. FULL NAME Martin Robert Greenwell

(a) Residence. No. 6423 Nashville Ave, St. 3 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martin Anna Greenwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
82 — 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rhodellia
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Edward Greenwell

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

12. MAIDEN NAME OF MOTHER Martina Mills

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

14. INFORMANT Lee Greenwell
(Address) 6423 Nashville Ave

15. FILED 10-9 May 1 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to Aug. 7, 1928, that I last saw him alive on Aug. 7, 1928, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis
90B (duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 5 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: _____

(Signed) A. J. Murphy, M. D.
8/8, 1928 (Address) 7160 Manchester

*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 Rhodellia, Ky. DATE OF BURIAL Aug. 11, 1928

20. UNDERTAKER Goodhart & Goodhart ADDRESS 2225 1/2 S. Lower Ave.

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.

