

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

Do not use this space.

30534

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township 1st Primary Registration District No. _____

City Kansas City (1711 E. 19th St.)

File No. _____

Registered No. 3785 (Ward)

2. FULL NAME Claude Greenshaw

(a) Residence. No. 1711 E. 19th St., Ward. _____

(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Claude Greenshaw

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

12. MAIDEN NAME OF MOTHER Helen Washington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rocky Mt. Missouri
(STATE OR COUNTRY)

14. INFORMANT Claude Greenshaw
(Address) 1711 E 19th

15. FILED 9/13, 28 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/11 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1928 to Sept. 11, 1928 that I last saw him alive on Sept. 12, 20, 1928, and that death occurred, on the date stated above, at 12:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Hydrocephalus

CONTRIBUTORY Unborn
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1590
IF NOT AT PLACE OF BIRTH, _____ (duration) yrs. mos. ds.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam -

(Signed) J. W. Booker, M. D. (Address) 2128 - 11th
9/2 1928

*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 Highland Cem DATE OF BURIAL 9-13 1928

20. UNPERTAKER Watkins Bros ADDRESS 1724 Lydia

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.

L.H. Booker.