3 1929

72
3
3

CAUSE OF DEATH ... carefully supplied. AGE should be stated ... PHYSICIANS should state ... OCCUPATION is very important.

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

Do not use this space.

2643

1. PLACE OF DEATH

County New Madrid — Registration District No. 274

Township — Primary Registration District No. 4063

City Lilbourn (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Anna Greenlee

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Willie Greenlee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6 - 5 - 1906

7. AGE: Years 22 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James Chadeau

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

12. MAIDEN NAME OF MOTHER Frances Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid Co
(STATE OR COUNTRY) Mo

14. INFORMANT Willie Greenlee
(Address) Lilbourn Mo

15. FILED Jan 25 1929 E. E. Jones
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 23rd 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Jan 23, 1929, that I last saw her alive on Jan 18, 1929, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
220
(duration) 1 yrs. 6 mos. 13 ds.

CONTRIBUTORY (SECONDARY) 31
(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

(Signed) E. E. Jones, M. D

Jan 23, 1929 (Address) Lilbourn 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: Evergreen Cem

DATE OF BURIAL: 1-24 1929

20. UNDERTAKER: Richard Und Co

ADDRESS: New Madrid