

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

Do not use this space.

PLACE OF DEATH

County Butler
Township Toplar Bluff
City Toplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No. 9755
Registered No. 73
St. Ward)

2. FULL NAME

(a) Residence. No. James A. Greer
(Usual place of abode) Rural Route St. Ward.

(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

Male

4. COLOR OR RACE

White

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

Widow

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

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

Aug 24 - 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hra. or ...min.
<u>68</u>	<u>7</u>	<u>4</u>	

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

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

Louisville Ky

10. NAME OF FATHER

unknown

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

unknown

12. MAIDEN NAME OF MOTHER

unknown

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

unknown

14. INFORMANT

(Address) Stella Greer
Toplar Bluff mo

15. FILED

4/6 29 1929 D. B. Cray REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Mar 28 19 29

17.

I HEREBY CERTIFY, That I attended deceased from Mar 15, 1929, to Mar 28, 1929 that I last saw him alive on Mar 28, 1929, and that death occurred, on the date stated above, at 8:25 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Infarction
131
92A
(duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Emphysema
(duration) 18 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WHAT TEST CONFIRMED DIAGNOSIS? Lab. exam of Synaptin

(Signed) Dr. Reinchen M. D.

X-5-1929 (Address) Toplar Bluff 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

DATE OF BURIAL

Marble Hill Mar 29 19 29

20. UNDERTAKER

ADDRESS

Frank undt co Toplar Bluff

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.

APR 24 1929

1
2
31
31

