

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

Do not use this space.

20545

1. PLACE OF DEATH
 County North Registration District No. 904
 Township Sherridan Primary Registration District No. 45-46
 City Sherridan (No.) St. Ward)
 2. FULL NAME Anna Liza Greemyer
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amos Greemyer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27, 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 8 28
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

10. NAME OF FATHER Jackson Dye

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

12. MAIDEN NAME OF MOTHER Susanna Carter

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

14. INFORMANT Minnie Bell Deardoff
 (Address) Sherridan, Mo.

15. FILED 5/26/29 19. J.W. High REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1929
 17. I HEREBY CERTIFY That I attended deceased from May 23 1929 to May 25 1929
 that I last saw OR alive on May 25 1929, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

CONTRIBUTORY (SECONDARY) (Signature) yrs. mos. da.
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) F. B. Johnson M. D.
 , 19 (Address) Sherridan 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 Isadora Cemetery DATE OF BURIAL 5/28/29
 20. UNDERTAKER Arch C. Dunfee ADDRESS Grant City Mo.

K. 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.

RECORD

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