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

Do not use this space.

41386

1. PLACE OF DEATH
County: Marion — Registration District No. 547 — File No.
Township: ~~Marion~~ — Primary Registration District No. 3029 — Registered No. ~~249~~ 314
City: Hannibal (No. St Elizabeth Hospital St. 6 Ward)

2. FULL NAME: William A. Greenville
(a) Residence. No. 1704 Crescent Drive St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 29th, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
30	2	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real Estate
(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): Hannibal Mo

PARENTS
10. NAME OF FATHER: James Greenville
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York N.Y.
12. MAIDEN NAME OF MOTHER: Julia Hogan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Davenport Iowa

14. INFORMANT: Francis Greenville
(Address) Hannibal Mo

15. Dec 23 1929 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1929 to Dec 18, 1929 that I last saw him alive on Dec 18, 1929 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Calcium
115 B
36
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Peri-Tonsillar Abscess (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. [illegible] M. D.
12/23, 1929 (Address) Hannibal 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: St Marys Cemetery — DATE OF BURIAL: 12/28 1929

20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal Mo