

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5201
 Township Kaw Primary Registration District No. 1000 Registered No. 839
 City Kansas City, Mo. St. Joseph's Hosp. St. _____ Ward _____

2. FULL NAME

James B. Greenman
 (a) Residence No. 1000 E. 33rd St. 6 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1930, to Feb 24 1930, and that I last saw him alive on Feb 23 1930, and that death occurred, on the date stated above, at 3:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1845

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 9 9

Chro. Int. sh. Nephritis

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

121
91 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Asthenia - debility
 (duration) 10 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 NOT IN PLACE OF DEATH

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Laboratory tests

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

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W. F. Crow M. D.

12. MAIDEN NAME OF MOTHER Unknown

Feb 24, 1930 (Address) 910 Boyd Bldg

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

*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.

14. INFORMANT Mrs Hattie M Greenman
 (Address) 1000 E 33rd

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL Feb 26 1930

15. FILED 2/24 1930 M. F. Crow asst. REGISTRAR

20. UNDERTAKER H. H. Newcomer's bus ADDRESS 76 7/2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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710 Argyle V. 100

Vic, 8666

2:30-6-