

SEP 22 1930

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

Do not use this space.

26074

1. PLACE OF DEATH
County Cape Girardeau
Township Pyrr
City Oak Ridge (No.)

Registration District No. 124
Primary Registration District No. 5179

File No.
Registered No. 52
St. Ward)

2. FULL NAME Willie May Greable
(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 MEDICAL CERTIFICATE OF DEATH

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 Chas Greable
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 29

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15th 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 1929 to Aug. 15th 1930 that I last saw her alive on Aug. 15th 1930, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyelitis and Chronic Nephritis

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)

(duration) 2 1/2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Oak Ridge Mo.
(STATE OR COUNTRY)

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

10. NAME OF FATHER Peter Powell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER May Jane Clippard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oak Ridge Mo.
(STATE OR COUNTRY)

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

14. INFORMANT Chas Greable
(Address) Oak Ridge Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Ridge Cemetery
DATE OF BURIAL Aug 16 1930

15. FILED 8-18-30 D. G. Schubert
REGISTRAR

20. UNDERTAKER McComb Gunn & Lund Co. Jackson Mo.
ADDRESS

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.

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