

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

Do not use this space.

7125

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. St. John's Hoop  
 City St. Louis, mo (No. St. John's Hoop) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1415

**2. FULL NAME**

(a) Residence. No. Flat River, mo St. 12 Ward. Flat River Mo  
 (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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>S -</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 18 / 1907</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>1</u>
	DAY <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (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) <u>mine La Motte, mo</u>		
PARENTS	10. NAME OF FATHER <u>W. H. Greer</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>mine La Motte, mo</u>	
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Elliot</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison D. mo</u>	
14. INFORMANT <u>W. H. Greer</u> (Address) <u>Flat River mo</u>		
15. FILED <u>1931</u> <u>May C. Stark</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 to Feb 4 1931 that I last saw her alive on Feb 4, 1931, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bowel Obstruction  
1226  
120  
15 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritoneal adhesions  
due to infectious bellulitis cause unknown  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT A PLACE OF DEATH St. John's Hoop  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 13-31  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) John W. Stewart, M. D.  
2-4-1931 (Address) Flat River 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 Flat River Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Woodlawn Cemetery 2-6-1931

20. UNDERTAKER ADDRESS  
W. A. Caldwell Flat River Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

