

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

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. State Hospital)

File No. 27568
Registered No. 875
St. _____ Ward _____

2. FULL NAME Mary Greer

(a) Residence. No. 6314 Belding St Joseph Mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Greer
6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 unknown

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

9. BIRTHPLACE (CITY OR TOWN) Terre Haute
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Albert Greer
(Address) 6314 Belding St Joseph Mo

15. FILED 8-21-1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20th 1931
17. I HEREBY CERTIFY, That I attended deceased from May 13th 1929 to Aug 20th 1931, that I last saw her alive on Aug 20th 1931, and that death occurred, on the date stated above, at 2:40 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congestion of heart caused by
arteriosclerosis
CONTRIBUTORY (SECONDARY)
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 4th 1931
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) J. R. Beuch, M. D.
8-20-1931 (Address) State Hospital # 2.

*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 Atchison, Kansas DATE OF BURIAL Aug 22 1931

20. UNDERTAKER Edeman Funeral Home ADDRESS 1946 Calhoun

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