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

Do not use this space.

41178

1. PLACE OF DEATH

County Jackson — Registration District No. 385 — File No. 5107

Township Kaw — Primary Registration District No. 1002 — Registered No. 5107

City Kansas City (No. 810 Glenairy Place St. ..... Ward)

2. FULL NAME Nevada Greer

(a) Residence. No. 810 Glenairy Place 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David K. Greer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 7, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	1	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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) Missouri

PARENTS

10. NAME OF FATHER Calvin Davis

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

12. MAIDEN NAME OF MOTHER Emaline Robertson

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

14. INFORMANT David K. Greer (Address) 810 Glenairy Place

15. FILED 12/30, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30, 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1 —, 1931, to Dec 29, 1931 that I last saw her alive on Dec 30, 1931, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia of Melanotic Sarcoma Metastasis (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Primary location right forearm (duration) 53E yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 69B

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. F. McCarthy M. D.

12/30, 1931 (Address) 520 Prof Bldg.

*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 Tipton, Mo — DATE OF BURIAL 12-31 1931

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

Wm. F. McC[illegible]
[illegible]
Ha.- 6523.

#520