

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

Do not use this space.

15148

1. PLACE OF DEATH

119 County North
2 Township Stetchell
2 City Grant City (No. _____)

Registration District No. 903
Primary Registration District No. 47540

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME

Emma Stape Greiner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Greiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1930 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri

13. NAME Henry Stape

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant, Mo. Germany

15. MAIDEN NAME Barbara Has

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, Mo. France

17. INFORMANT (ADDRESS) Lorraine Greiner Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE April 6, 1932

19. UNDERTAKER (ADDRESS) Wm. G. DeWitt Grant City, Mo.

20. FILED 4-6-32 Wm. G. DeWitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-3-1932 to 4-4-1932

I last saw her alive on 4-4-1932 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 3-2-32

92A
60A

Other contributory causes of importance:

Myocardial degeneration of heart

Name of operation _____ Date of _____

What test confirmed diagnosis? Spec. for autopsy ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) J. H. Hays, M. D.

(Address) Grant City, Mo.

1932 MAY 31

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.

