

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

Do not use this space.

31373

**1. PLACE OF DEATH**

County Bates Registration District No. 49  
Township Belknap Primary Registration District No. 2077  
City (No. ) Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Greene Cleveland Rathliff  
(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. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1890  
7. AGE YEARS 42 MONTHS 2 DAYS 6 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Wlatka (STATE OR COUNTRY) Kansas

MOTHER FATHER 13. NAME John S. Rathliff

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Anna Gene Baldwin

16. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)

17. INFORMANT Mrs. Ellis Smith (ADDRESS) Butler Mo. R3

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE October 30, 1932

19. UNDERTAKER Butlers (ADDRESS) Butler Mo.

20. FILED 11-16-1932 L. H. Mangold Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1932  
22. I HEREBY CERTIFY That I attended deceased from Mar 1930, 19, to Oct 29, 1932  
I last saw him alive on Oct 28, 1932 death is said to have occurred on the date stated above, at 12 noon  
The principal cause of death and related causes of importance were as follows:

Pneumonia abscess (Tubercular)  
23A  
11A  
Other contributory causes of importance: Influenza  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Pen Was there an autopsy? no

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) L. H. Mangold, M. D.  
(Address) Butler, 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

