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.

39829

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.

Township Fare Primary Registration District No. 1002 Registered No. 4836

City Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Edith Greene

(a) Residence, No. 6009 East 10th St., 12 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: Fe

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Grant M. Greene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 6, 1866

7. AGE: Years 66 | Months 9 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY): Illinois ?

FATHER

13. NAME: Charles Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Harriet E Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Chas. A. Greene 5228 E. 7th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Dec. 19, 1932

19. UNDERTAKER (ADDRESS): W. H. Newcomer's Sons K. C. Mo.

20. FILED 12/29, 1932 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932, to Dec 17, 1932

I last saw him alive on Dec 17, 1932. Death is said to have occurred on the date stated above, at 10:35 A.m.

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

	Date of onset
Suppurative pneumonia	12-10-32
198	
193	
163	

Other contributory causes of importance:

Lateral segmentation	bym
Bronchiectasis	4 yrs

Name of operation — Date of

What test confirmed diagnosis? Was there an 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. S. Sundwacher, M. D.

(Address) Dougle Bldg

J. L. Sulzbacher
Argyle Bldg. V1.2232
11-12