

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

Do not use this space.

**1. PLACE OF DEATH**

County Texas  
Township Prescott  
City Good

Registration District No. 1032  
Primary Registration District No. 0144

File No. 4452  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

Jacob Greber Grider

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/8 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 | — | — | —

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

9. BIRTHPLACE (CITY OR TOWN) Lithuanian  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Jacob Greber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lithuanian  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Jennie Deibel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lithuanian  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Wagoner  
(Address) Moore Springs Mo

15. FILED Jan 11 1933 Paul H. Gross  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 8, 1933

17. I HEREBY CERTIFY, That I attended deceased from January 5, 1933, to January 8, 1933 that I last saw him alive on January 5, 1933 and that death occurred, on the date stated above, at 12 (noon) m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy  
67 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS, physical findings  
(Signed) J. C. B. Davis, M.D., M. D.  
1/9, 1933 (Address) Willow Springs, Mo.

\*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 Moore Cemetery DATE OF BURIAL 1/9/1933

20. UNDERTAKER J. B. Burns ADDRESS Willow Springs, 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.

Jan 27 1933

