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.

NOV 10 1933

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

Do not use this space.

34411

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 317
City Koch (No. , St. Ward)

2. FULL NAME Samuel Greenlee
(a) Residence, No. 1909 S 7th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 16 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Dorothy Greenlee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22, 1872

7. AGE: YEARS 61 — MONTHS 7 — 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. Carpenter work Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Rough Carpenter work Lead & Zinc Miner
10. Date deceased last worked at this occupation (month and year) May 1931 (Carpenter)
11. Total time (years) spent in this occupation 4 yrs. as Carpenter 12 yrs Miner

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri

FATHER
13. NAME James Greenlee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Eliza Lore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Koch Hospital Record.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonn Terra Mo DATE Oct-5 1933

19. UNDERTAKER (ADDRESS) Wacker Heldenke 2331 So Broadway

20. FILED Oct 3 1933 L. C. Obrock Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Oct 3, 1933
I last saw him alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 4 40 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pulmonary Tuberculosis | 1927 |
| 23A | |
| 23 | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Positive Sputum 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) Paul Murphy, M. D.
(Address) Koch Mo.

JUN 12 1957