

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

Do not use this space.
36707
4630

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City N. E. Mo (No. 4414)

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

2. FULL NAME

(a) Residence, No. 4414 Cl. Ave. St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Joseph Green Philpot
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Joseph, Mo.

13. NAME John Greif

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

15. MAIDEN NAME Elizabeth Greif

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

17. INFORMANT (ADDRESS) John G. Philpot, 1404 1/2 East 16th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Home, Nov-27-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster, 918 Broadway Ave.

20. FILED 11-25-33 m Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1933 to Nov 24 - 1933
I last saw her alive on Nov 22 - 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 11-21-33
131
930
1098
Other contributory causes of importance Chronic nephritis
Chronic pyelitis

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____
(Signed) W. R. Foster, M. D.
(Address) 1529 Fisher St.

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

2230
1-2

15th

1829

W. H. G. J.

W. H. G. J.