

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.

40444

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. _____)

Registration District No. 411
Primary Registration District No. 2002

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

2. FULL NAME

William Greason

(a) Residence, No. 2003 St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Greason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1857
7. AGE YEARS 76 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer retired electronic interest
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 748 1/2
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) Mooreville Ind

MOTHER 13. NAME Sam Greason

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Lepida Huber

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Pearl Friend
(ADDRESS) Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 12-4-33

19. UNDERTAKER Anderson's Exp. Co.
(ADDRESS) Joplin

20. FILED 12-4-33 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to Dec 2 1933
I last saw him alive on Dec 2, 1933 Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
131
748 1/2
Other contributory causes of importance _____
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? _____
If so, specify _____
(Signed) J. M. Gray M. D.
(Address) Leffler, Mo

NOV 29 1956