

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

Do not use this space.

1. PLACE OF DEATH

County Ballaway Co
Township Ballaway
City New Bloomfield (No. 5158)

Registration District No. 104
Primary Registration District No. 5152

File No. 8097
Registered No. 581
St. _____ Ward)

2. FULL NAME

(a) Residence, No. New Bloomfield St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. 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 Narcissus Stokes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1858

7. AGE YEARS 75 MONTHS 6 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
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) Nov 1-1924 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Summit Mo

FATHER 13. NAME Thomas H. Greenway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER 15. MAIDEN NAME Lottie Commons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield Mo

17. INFORMANT (ADDRESS) Grove L. Greenway Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE Mar 30 1934

19. UNDERTAKER (ADDRESS) Drury Sawyer Jeff City Mo

20. FILED Mar 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1934 to Mar 28 1934
I last saw him alive on Mar 28 1934 Death is said

to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

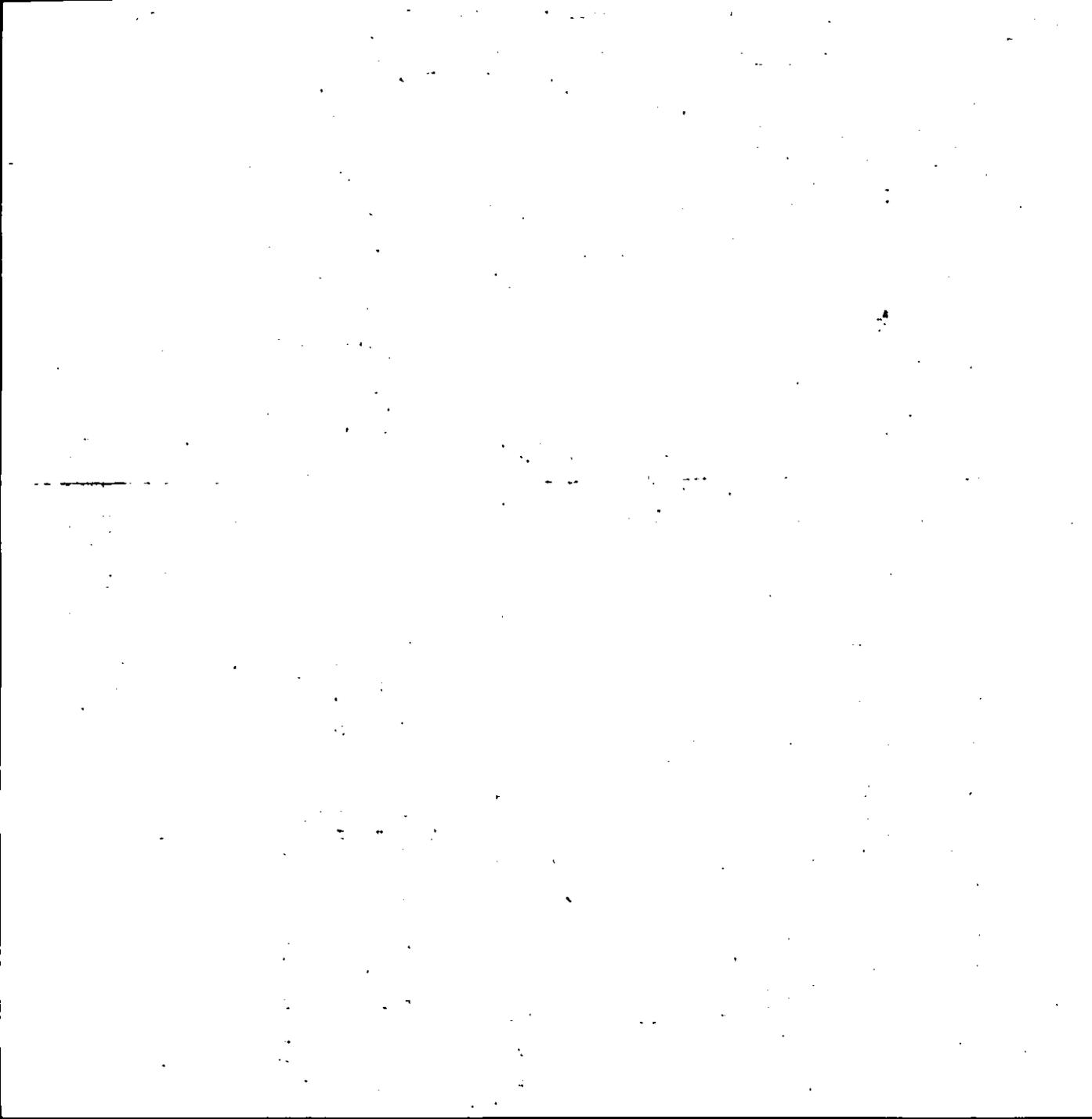
Acute Nephritis Date of onset 3/18/34
12 P. m.
5
Other contributory causes of importance: Impedus

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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) E. W. Kusch, M. D.
(Address) New Bloomfield Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Calloway
Township Bedou
City No. _____ St. _____ Ward _____

Registration District No. 109
Primary Registration District No. 5158

File No. _____
Registered No. 581

2. FULL NAME

Joe L Greenway

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____ Preschick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw him _____ alive on _____ 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-8097