

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

Do not use this space.

20303

**1. PLACE OF DEATH**

County Jackson Co.  
Township Kearney  
City Kansas City (No. \_\_\_\_\_)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2459 Ward \_\_\_\_\_

**2. FULL NAME**

Baby Greenwood  
(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED new born (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or min.  
June 3 1934

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) Kansas City Mo.

13. NAME Gilbert Greenwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.

15. MAIDEN NAME Iva W. Schaefer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Mr. Gilbert Greenwood (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE not done DATE June 5 1934

19. UNDERTAKER Dr. Field, Lee Duant (ADDRESS)

20. FILED June 4 1934 M. M. Croyle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1934

22. I HEREBY CERTIFY That I attended deceased from June 3 1934 to June 3 1934  
I last saw him alive on June 3 1934 Death is said to have occurred on the date stated above, at 11:20 p.m.

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

Cerebral Hemorrhage  
1608  
1610 (New born)  
1610  
Other contributory causes of importance: Prolonged dry labor

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Cause 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) Ralph R. Wilson M. D.  
(Address) Kansas City Mo.

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.

JUL 17 1934

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