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.

AUG 14 1934

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

Do not use this space.

85

23332

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 839

City St. Joseph, (No. 2714 Mulberry St. St. Ward)

2. FULL NAME Mary Eliza Greenhalgh

(a) Residence, No. 2714 Mulberry St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 28, 1840

7. AGE: YEARS 93 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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): Moor Top, Derbyshire, England.

FATHER

13. NAME: Unknown, Littlewood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Derbyshire, Eng.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Derbyshire, Eng.

17. INFORMANT (ADDRESS): Miss Nellie Greenhalgh, 2714 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE July, 23, 1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 25 1934 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 20, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-21-, 1934, to 7-20-, 1934

I last saw her alive on 7-20-, 1934. Death is said to have occurred on the date stated above, at 2.15 P.M.

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

Heart Block 6/21/34 — Date of onset

97
95A 95a

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of

What test confirmed diagnosis? Clinical 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) L. C. Bauman, M. D.

(Address) Kirkpatrick Bldg., St. Joseph, Mo.