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.

100M-11-24-33

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 35283
Township — Primary Registration District No. 1001 — Registered No. 1166
City St Joseph Mo. (No. Mo Me Hospital St. Ward)

2. FULL NAME Kate Greiner
(a) Residence, No. 1210 Frederick Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ✓ yrs. 5 mos. ✓ ds. 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Greiner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 12 - 1865
7. AGE: YEARS 69 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
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): Oregon Missouri

FATHER
13. NAME: Daniel Hewitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Missouri

MOTHER
15. MAIDEN NAME: Martha Ashwitho
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Missouri

17. INFORMANT (ADDRESS): Harlan Greiner St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon Mo. DATE Oct. 22, 1934
19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc St. Joseph, Mo.
20. FILED 10-22-1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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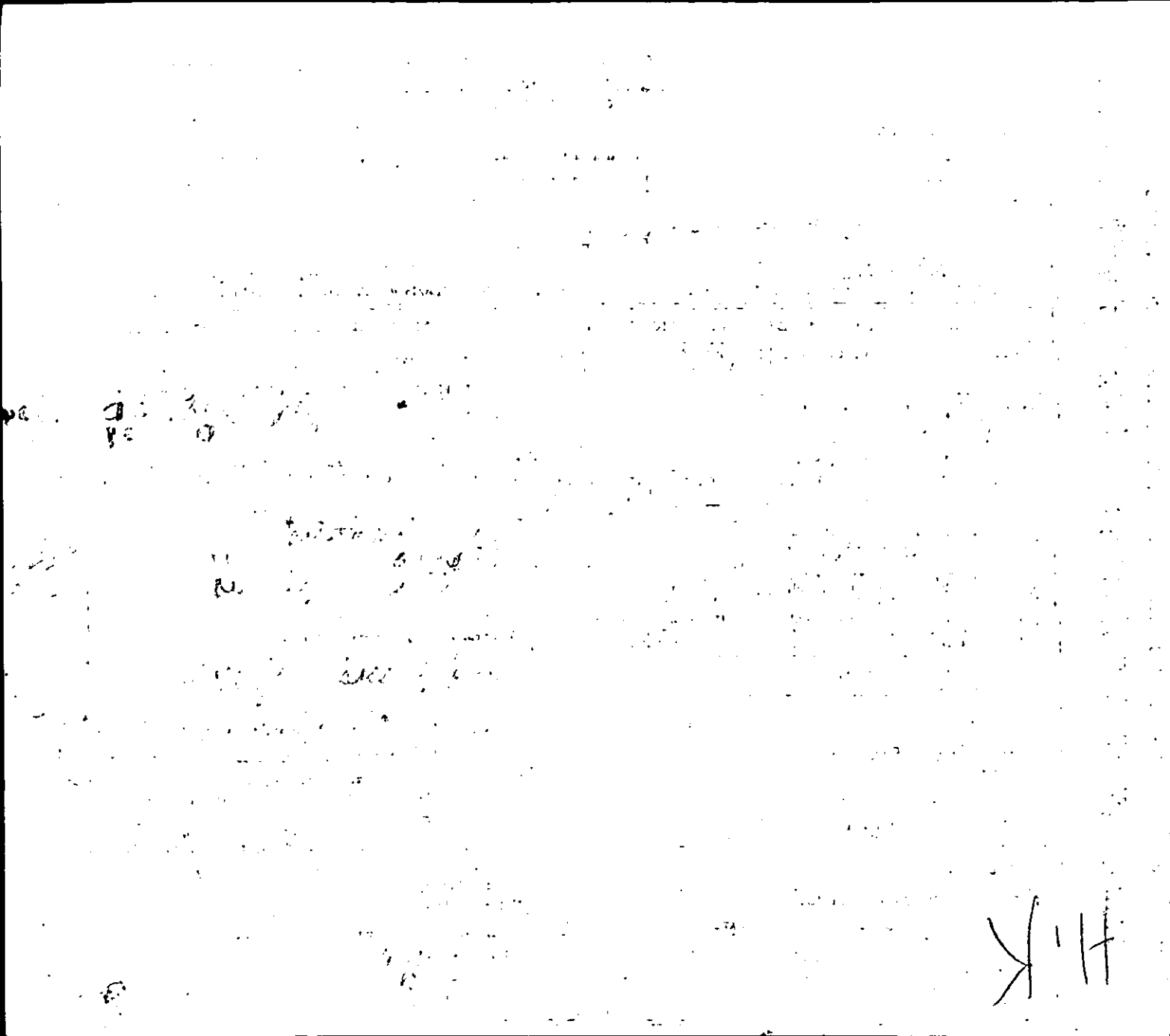
21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934 to Oct 20, 1934
I last saw her alive on Oct 20, 1934. Death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:
acute gangrenous cholecystitis with stones
Chr nephritis
Date of onset
Other contributory causes of importance:
Suppression of urine
12
Name of operation: Cholecystostomy — Date of Oct 11 - 34
What test confirmed diagnosis? — 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) H H Wallace, M. D.
(Address) 801 N 8 St Joseph Mo



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