

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

Do not use this space.

NOV 22 1934

36924

**1. PLACE OF DEATH**

County Pettis Co. Registration District No. 668  
 Township..... Primary Registration District No. 3032  
 City Sedalia, Mo. (No. Bothwell Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 239  
 Registered No. 668

**2. FULL NAME**

Raymond Borden Greenlee  
 (a) Residence, No. Windson, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, kind of work done, as spinner, sawyer, bookkeeper, etc. chick grey  
 (OR) HUSBAND OF Wife of (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1898  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 8 22  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Factory  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman  
 10. Date deceased last worked at this occupation (month and year) Oct 6, 1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

13. NAME Lowell Greenlee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salt Springs, Mo.

15. MAIDEN NAME Jesse Marquett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mich.

17. INFORMANT Lowell Greenlee (Father)  
 (ADDRESS) Kanada City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Marshall, Mo. DATE Oct. 9 1934

19. UNDERTAKER J. L. Burgess  
 (ADDRESS) Marshall, Mo.

20. FILED 10-8- 1934 Jean Black  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1934, to Oct 7 1934

I last saw him alive on Oct 7 1934. Death is said to have occurred on the date stated above, at 1 P m.

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

- (1) Fracture skull
- (2) Fracture Left Tibia
- (3) Colla Fract. Left

Date of onset Oct 7

Other contributory causes of importance: MI

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Plain X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Oct 6 1934

Where did injury occur? New Windsor Mo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Automobile Collision  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) W. B. Estermeier, M. D.  
 (Address) Sedalia, 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.

SEP 20 1964