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.

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

Do not use this space.

MAR 21 1935

1. PLACE OF DEATH

County Cass — Registration District No. 156 — File No. 4652

Township Pecular — Primary Registration District No. 5220 — Registered No. 18

City [redacted] (No. ..., ... St. ..... Ward)

2. FULL NAME Mattie Greenlee

(a) Residence, No. Harrisonville Mo 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. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11th 1854

7. AGE: 80 YEARS, 7 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Iswley Co Ky.

FATHER

13. NAME: Wright Winn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lee Co. Va.

MOTHER

15. MAIDEN NAME: Rebecka Edsall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lee Co. Va.

17. INFORMANT (ADDRESS): Wm Wynn Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brown Cemetery DATE: Feb. 27th 1935

19. UNDERTAKER (ADDRESS): Atkinson Bros. & Easterla Harrisonville, Mo.

20. FILED: 3/27, 1935 H H Lowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935, to Feb 26, 1935

I last saw her alive on Feb 26, 1935. Death is said to have occurred on the date stated above, at 12 noon

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

Lobar Pneumonia of right lung

Date of onset

Other contributory causes of importance: Chronic Bronchitis for some years

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) M. P. Overholser, M. D.

(Address) Harrisonville Mo