

APR 9 1935

City License #1970

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

Do not use this space.

791

10641

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

No. 4328

Garfield

File No.....

Registered No.....

2257

St.....

Ward.....

2. FULL NAME

(a) Residence, No. 4328

Garfield St., 11

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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 30-1899

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

37

7

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

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)

St. Louis Mo

MOTHER / FATHER

13. NAME

Edward Greer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alabama

15. MAIDEN NAME

Sedelia White

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

St. Charles Mo

17. INFORMANT (ADDRESS)

Sedelia Lancaster 4328 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE

GREENWOOD

DATE 3-10-35

19. UNDERTAKER (ADDRESS)

A. RUSSELL UND. Co 2132 PINE ST

20. FILED MAR 9 1935

J. F. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3:15 p.m.

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

Lobar Pneumonia (R. Side)

Other contributory causes of importance:

108

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

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.D.

(Address).....

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.

