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.

JUN 13 1935

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

Do not use this space.

16616

1. PLACE OF DEATH
County Jackson — Registration District No. 002 — File No.
Township ~~Kaw~~ — Primary Registration District No. — Registered No. 2128
City Kansas City, Mo. (No. 302 S. Elmwood St. Ward)

2. FULL NAME Mrs. Imogene Greenwood
(a) Residence, No. 302 S. Elmwood 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
50	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Woman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power & Light Co.
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) Kansas

FATHER
13. NAME Harley L. Finley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Nora Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. J. H. Barr
(ADDRESS) 302 S. Elmwood, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE May 23-35, 19

19. UNDERTAKER C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED 5/23, 1935 Mm Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20-35, 19

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to May 21, 1935
I last saw her alive on May 19, 1935. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	May 4 '35

Other contributory causes of importance:

General Arteriosclerosis	1933
Chronic Nephritis	1933

Name of operation none 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? No
If so, specify
(Signed) C W Rose, M. D.
(Address) 1034 N. Elmwood