

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.

AUG 21 1935

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

Do not use this space.

23477

1. PLACE OF DEATH

County Jefferson
Township Joachim
City _____ (No. _____)

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME James H. Greenlee

(a) Residence, No. Herculaneum Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 HUSBAND OF (OR) WIFE OF Josephine Greenlee		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct., 26 1872		
7. AGE	YEARS	MONTHS
	62	9
		27
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. Lead Smelting		
10. Date deceased last worked at this occupation (month and year) 1930		11. Total time (years) spent in this occupation 20
12. BIRTHPLACE (CITY OR TOWN) Crawford County (STATE OR COUNTRY) Missouri		
13. NAME Joseph Greenlee		
14. BIRTHPLACE (CITY OR TOWN) Crawford County (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Mary Jane Gibson		
16. BIRTHPLACE (CITY OR TOWN) Crawford County (STATE OR COUNTRY) Missouri		
17. INFORMANT William Greenlee (ADDRESS) Pevely Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum Mo. DATE 7/25/35		
19. UNDERTAKER Duester and Vinyard (ADDRESS) Festus Missouri		
20. FILED <u>7/25</u> , 19 <u>35</u> <i>J. E. Cutledge</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23**, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, to July 23, 1935
I last saw him alive on July 22, 1935 Death is said to have occurred on the date stated above, at 3:15 A.M.

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

Hemorrhage of Brain Aug 1930

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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 Dr. O. E. Hensley

(Signed) Herculaneum Mo., M. D.

(Address) Herculaneum Mo.

SEP 28 1956