

OCT 18 1935

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

Do not use this space.

28934

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 126Township HickelPrimary Registration District No. 5174B

City..... (No.....)

St..... Ward.....

2. FULL NAME Alvina Greer(a) Residence, No..... St..... Ward.....  
(Usual place of abode)

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Greer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 18767. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
59 7 128. 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) near Whitewater  
(STATE OR COUNTRY) Mo.13. NAME Henry Gralle14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Minnie Lambrecht16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau  
(STATE OR COUNTRY) Mo.17. INFORMANT John Greer  
(ADDRESS) Whitewater Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St James Burial DATE Sept 16, 193519. UNDERTAKER Oracraft-Miller  
(ADDRESS)20. FILED Sept. 14, 1935 Mrs W.W. Ford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Sept 14, 1935.I last saw him alive on Sept 3, 1935. Death is said to have occurred on the date stated above, at 2.15 p.m.

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

Tuberculosis of LungsDate of onset about  
1934Other contributory causes of importance:  
none

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

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

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) W. L. Sweeney, M. D.(Address) Jefferson 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.

