

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

Do not use this space.

30455

1. PLACE OF DEATH Ray County Ray Registration District No. 743/444 File No. \_\_\_\_\_  
 Township Ray Primary Registration District No. 5772 Registered No. \_\_\_\_\_  
 City Rayson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John Greenlee  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1857  
 7. AGE YEARS 84 MONTHS \_\_\_\_\_ DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Blacksmith  
 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) Mo  
 13. NAME John Greenlee  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Know  
 15. MAIDEN NAME Lucy Williams  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Know  
 17. INFORMANT (ADDRESS) John Greenlee (Mo) Rayson  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rayson DATE Sep 21 - 1935  
 19. UNDERTAKER (ADDRESS) Edwards  
 20. FILED Sep 21, 1935 Edwards Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20th 1935  
 22. I HEREBY CERTIFY That I attended deceased from May 14, 1935, to Sept 20th, 1935  
 I last saw him alive on Sept 11th, 1935. Death is said to have occurred on the date stated above, at 19 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
53  
 Other contributory causes of importance:  
Myoma left gone, probably carcinomatous  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) Edwin Edwards M. D.  
 (Address) Rayson, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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