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.

NOV 21 1935

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

Do not use this space.

32349

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No.
Township Union — Primary Registration District No. 4180 — Registered No.
City Union (No. ..... St. ..... Ward)

2. FULL NAME James Greenstreet
(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1853
7. AGE: 84 YEARS — MONTHS: 4 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Clayton Greenstreet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

MOTHER
15. MAIDEN NAME Mary Rutherford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

17. INFORMANT (ADDRESS) John Greenstreet New Haven Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portmans Cem DATE 19

19. UNDERTAKER (ADDRESS) L. A. Fritz & Son New Haven Mo.

20. FILED Nov 9 1935 John R. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1935, to 10/31/35, 19
I last saw h. alive on 10/30/35, 19 Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
[illegible]	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) J. R. Marshall, M. D.
(Address) Union Mo.