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.

APR 18 1936

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

Do not use this space.

10307

1. PLACE OF DEATH
County Henry — Registration District No. 347
Township — Primary Registration District No. 3018
City Clinton (No. — St. — Ward) — File No. — Registered No.

2. FULL NAME Rosa C Greenway

(a) Residence, No. 1045 S water 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: John Joseph Greenway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	8	18	

OCCUPATION

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

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): St Clair Co Mo

FATHER

13. NAME: Jack Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton Co Mo

MOTHER

15. MAIDEN NAME: Antonetta —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White Co Ill.

17. INFORMANT (ADDRESS): Joseph Greenway Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lindaker cem DATE 3/8 1936

19. UNDERTAKER (ADDRESS): Consolus & Rees Clinton Mo

20. FILED 3-7 1936 J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 6, 1936.
I last saw her alive on March 4, 1936. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset March 1-36

Bronchitis — Acute

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical. 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) S. W. Walton MD
(Address) Lewistown Mo.