APR 24 1936

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

Do not use this space.

12166

1. PLACE OF DEATH
County St Francois
Township Iron
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 771
Primary Registration District No. 6017

File No. .....
Registered No. .....

2. FULL NAME George M. Grenia
(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 18 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) M—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minerva Grenia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22-1854

7. AGE 81 YEARS | MONTHS 6 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 60.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irondale Missouri

FATHER
13. NAME Mose Grenia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Lucy Whaley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irondale Mo

17. INFORMANT (ADDRESS) Chris Grenia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck Mo DATE 3/27- 1936

19. UNDERTAKER (ADDRESS) John Boyer Irondale Mo

20. FILED 3/27 1936 F W Gale Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20- 1936 to 3-25 1936
I last saw him alive on 3/24- 1936 Death is said to have occurred on the date stated above, at 9:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Influenza

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? .....
If so, specify .....
(Signed) F. W. Gale, M. D.
(Address) Bismarck 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.