AUG 17 1936

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

Do not use this space.

25770

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Cape Primary Registration District No. 3009
City Cape Girardeau, Mo. (No. Southeast Hospital St. Ward)

File No.
Registered No. 217

2. FULL NAME Greenfield, Schurman G.
(a) Residence, No. Octa St., Mo. 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellie Greenfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1864

7. AGE YEARS 72 - MONTHS 3 DAYS 22 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. farmer
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) Harrisburg Ill

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Stand

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

17. INFORMANT (ADDRESS) C. W. Greenfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 7-9, 1936

19. UNDERTAKER (ADDRESS) McDaniels Bloomfield Mo.

20. FILED 7-7, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1936, to July 7, 1936
I last saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate with urinary obstruction.	
Diabetes.	
Empyema of Gall bladder	

Other contributory causes of importance: 59

Name of operation Supra pubic Cystotomy Date of 7/5/36
What test confirmed diagnosis? 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) J. H. Cochran, M. D.
(Address) Cape Girardeau, Mo.

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.

100M-3-25-35