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.

OCT 21 1936

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

Do not use this space.

37599

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 4449
City Kansas City (No. 2938, Victor St. Ward)

2. FULL NAME Thomas Greenen
(a) Residence, No. 2938 Victor 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR WIFE OF)~~ Mary Greenen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13th 1879

7. AGE: 57 YEARS — MONTHS: 10 — DAYS: ~~9~~ 21 — 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) Ohio

FATHER
13. NAME Joseph Greenen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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

17. INFORMANT (ADDRESS) W. William Gist 910 Argyle Bldg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cavely Cem. DATE Oct 5 1936

19. UNDERTAKER (ADDRESS) Tuck & Lolin Co 20 W. Linwood

20. FILED Oct 5, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1936, to Oct 4, 1936
I last saw him alive on Oct 4, 1936. Death is said to have occurred on the date stated above, at 6 41 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventricular Fibrillation	6 30 Am 10-4-36
93	

Other contributory causes of importance:
Chronic Myocarditis

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? Yes
If so, specify .....
(Signed) Wm W. Gist, M. D.
(Address) 910 Argyle Bldg