

FEB 23 1937

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

Do not use this space.

110 PLACE OF DEATH  
County Washington Registration District No. 881a  
Township 2 Primary Registration District No. 6537  
City Grandale (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Ellen Georgia  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? / yrs. mos. ds.

File No. 4747  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Greiner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1863  
7. AGE YEARS 73 MONTHS 7 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Sumner Mo. (STATE OR COUNTRY)

13. NAME Julius Horton

14. BIRTHPLACE (CITY OR TOWN) Beismers Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Wood

16. BIRTHPLACE (CITY OR TOWN) Beismers Mo. (STATE OR COUNTRY)

17. INFORMANT Joseph Horton (ADDRESS) Grandale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia DATE 6-24 1936

19. UNDERTAKER Norman White (ADDRESS) Montana Mo.

20. FILED 6-24 1936 J.P. Younger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_ 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1936, to 6-23 1936. I last saw her alive on 6-23 1936. Death is said to have occurred on the date stated above, at 6 A. m.  
The principal cause of death and related causes of importance were as follows:  
Uremia  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1936  
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.P. Younger M. D.  
(Address) Grandale 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.

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