

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County 9

Registration District No. 791

Township 9

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 1)

File No. 8682

Registered No. 2113

B. 15497

2. FULL NAME

Gladya Greer

(a) Residence, No. 1034 a Park St., 23 Ward.

(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 female
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 Seymore Greer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 9 1

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Tennessee

13. NAME Andrew Mooney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME ? Cynthia Mooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Blytheville Ark DATE Feb 23 1937

19. UNDERTAKER (ADDRESS) Wm. J. Laughlin 2301 Lafayette

20. FILED FEB 21 1937 J.P. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/25/37 to 2/19/37. I last saw him alive on 2/19/37. Death is said to have occurred on the date stated above, at 5.15 p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset

149 1/3

Other contributory causes of importance: Parturition

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 2. Injury, 1937

Where did injury occur? (Specify city or town, county, and State) none

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? If so, specify none

(Signed) Geo. J. Bazali M. D. (Address) City Hospital No. 1

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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