

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.

APR 21 1937

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

Do not use this space.

12457

1. PLACE OF DEATH

County Lewis Registration District No. 477
Township Dickerson Primary Registration District No. 5646
City Country Home (No.) St. Ward)

2. FULL NAME Clara Bell Greer

(a) Residence, No. South second St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Greer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6, 1869</u>				
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
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) <u>Meyer Illinois</u>				
13. NAME <u>James Hopson</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Family records not available</u> (ADDRESS) <u>No Relative</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Canton, Mo.</u> DATE <u>Mar. 19, 1937</u>				
19. UNDERTAKER <u>Earl H. Barkley</u> (ADDRESS) <u>Canton, Missouri</u>				
20. FILED <u>Mar. 20, 1937</u> <u>A. W. Harris</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1937, to Mar. 17, 1937
I last saw him alive on Mar. 16, 1937. Death is said to have occurred on the date stated above, at 9 P. s.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset (?)

Other contributory causes of importance: 23

Name of operation..... Date of.....
What test confirmed diagnosis? None 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....., 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) A. J. Billard, M.D.
(Address) Canton, Mo.

