

Exact statement of OCCUPATION is very important.

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Missouri  
Township Waverly  
City Charleston (No. ....)

Registration District No. 566  
Primary Registration District No. 5762

File No. 12684  
Registered No. 60  
St. .... Ward

2. FULL NAME

(a) Residence, No. Irene Greer  
(Usual place of abode) Karl Marshall farm St. .... Ward. ....  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 14 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 9 14

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home  
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) Charleston Mo

13. NAME Charley Greer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Miss.

15. MAIDEN NAME Mathe Quall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgewood Miss

17. INFORMANT (ADDRESS) Charley Greer Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE March 9 37

19. UNDERTAKER (ADDRESS) Frank Paul General Service Charleston Mo.

20. FILED 3-9-1937 F. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 3 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 37 to March 9 37

I last saw E. R. alive on Feb 22, 19 37 Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Broncho pneumonia Date of onset D.K.  
(primary)

Other contributory causes of importance: 107a  
Atetes media D.K.  
(bilateral)

Name of operation Pneumonia lobectomy Date of 2/5/37

What test confirmed diagnosis? Ch. sympt 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 E. Chas Kelving M. D.

(Signed) Charleston Mo (Address)

