

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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937
 County ST. LOUIS Registration District No. 791 File No. 18108
 Township _____ Primary Registration District No. 1003 Registered No. 4684
 City St. Louis (No. 4446 , Cottage _____ St. _____ Ward _____)

2. FULL NAME Katie Greeves
 (a) Residence, No. 4446 Cottage St. 11 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State) _____
 Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/37 , 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1937 to May 4 - 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

I last saw her alive on May 1 , 1937 Death is said to have occurred on the date stated above, at 10 15 m.

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,hrs. ormin.**
about 65

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

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. Housewife
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

Cancer stomach Date of onset _____
H.I.B.
 Other contributory causes of importance: _____
Seriously ill from cancer.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholasville, Ky.,

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ray Was there an autopsy? No

13. NAME John Schrevous

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholasville, Ky.,

15. MAIDEN NAME Ellen (Don't know)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.,

17. INFORMANT (ADDRESS) Berry Webster 4446 Cottage Ave.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Ky. **DATE** May 8, 1937

Manner of injury no
Nature of injury no

19. UNDERTAKER (ADDRESS) Pinkie L. Toney 3129 Lucas Avenue

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Thornwell , M. D.
 (Address) 835 Mission Rd

20. FILED 7 10 37 19____
J. Predeck Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

