

AUG 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Platte  
Township Preston  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 693  
Primary Registration District No. 5920

File No. 28110  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Margaret Greaves

(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.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 Chas. Greaves6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
34 65 6 8

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

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) Pike County, Illinois  
(STATE OR COUNTRY)13. NAME Francis Asbury Watkins14. BIRTHPLACE (CITY OR TOWN) Pike County, Illinois  
(STATE OR COUNTRY)15. MAIDEN NAME Nancy Minerva Moore16. BIRTHPLACE (CITY OR TOWN) Pike County, Illinois  
(STATE OR COUNTRY)17. INFORMANT Chas. Greaves  
(ADDRESS) Edgerton, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rigley Cem. DATE 7/18/3719. UNDERTAKER Rollins Mortuary  
(ADDRESS) Edgerton, Missouri20. FILED 8/2 1937 Virna R. Nash  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/37 193722. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936 to July 16, 1937I last saw her alive on July 14, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Dehydration Date of onset July 14-37  
mental deterioration June 31

Other contributory causes of importance:  
Cerebral Protoplasm Oct 14-36  
Dehydration 1935-

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical symptoms (Were an autopsy?) no23. 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? noIf so, specify \_\_\_\_\_  
(Signed) W. B. Baldwin, M. D.  
(Address) Platteburg, Mo.

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

