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.

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: BUCHANAN — Registration District No.: 85 — File No.: 30152

Township: ~~WASHINGTON~~ — Primary Registration District No.: 1001 — Registered No.: 879

City: ST. JOSEPH (No. MISSOURI METHODIST HOSPITAL St. Ward)

2. FULL NAME PAULINE A. GREER

(a) Residence, No. 723 SOUTH 17TH ST., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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: WIFE OF ARTHUR C. GREER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPTEMBER 8, 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
24	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOME
10. Date deceased last worked at this occupation (month and year): UNK
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PARNELL, MISSOURI

FATHER

13. NAME: CHESTER STITES,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER

15. MAIDEN NAME: OMA JANE BARNES,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PARNELL, MISSOURI.

17. INFORMANT (ADDRESS): ARTHUR E. GREER, 723 SO. 17TH ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK, DATE: AUG. 12, 1937.

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 8/12 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUG. 10, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-9-, 1937, to 8-10-, 1937.
I last saw her alive on 8-10-, 1937. Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis } Septic	8-6-37
Pneumonitis } Septic	8-7-37
Hepatitis } Septic	8-8-37

115a

Other contributory causes of importance: Infected throat & peritonsillar abscess.

Name of operation: Incision of abscess. Date of 8-2-37
What test confirmed diagnosis? Autopsy. 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? No
If so, specify
(Signed) Paul Yorgrave, M. D.
(Address) St. Joseph Mo.

OCT 18 1946

FEB 18 1948