

OCT 20 1937

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

Do not use this space.

34161

1. PLACE OF DEATH

County FRANKLIN Registration District No. 295 File No. _____
Township _____ Primary Registration District No. 4179 Registered No. _____
City SULLIVAN (No. 2) St. _____ Ward _____

2. FULL NAME Mary Jane Greer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>77</u>	<u>1</u>	<u>3</u>	

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.

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

12. BIRTHPLACE (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Samuel Armour

14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Armstrong

16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Mrs. Grace Glazner
(ADDRESS) Sullivan, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F DATE Oct. 5, 1937

19. UNDERTAKER Thos. P. Shaffer
(ADDRESS) Sullivan, Mo.

20. FILED 10/4 1937 Edgar W. Walden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept - 25, 1937 to October 3, 1937
I last saw her alive on October 3, 1937. Death is said

to have occurred on the date stated above, at 5 A m.

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

Chronic Hypertension 1935
Chronic Hypertension 1935
Other contributory causes of importance:
131

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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 _____
(Signed) Edgar W. Walden, M. D.
(Address) Sullivan, Mo.

