NOV 15 1937

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

Do not use this space.

37029

File No. Three

Registered No. Three

1. PLACE OF DEATH

County Barry — Registration District No. 992

Township Ozark — Primary Registration District No. 5047

City Jenkins (No. R.F.D. # 1 St. Ward)

2. FULL NAME Mildred Greenway

(a) Residence, No. Jenkins Mo, R.1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1916

7. AGE: YEARS 21 — MONTHS 4 — DAYS 22 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Oct, 12/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quapaw Okla,

FATHER

13. NAME E.B.Greenway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenkins Missouri

MOTHER

15. MAIDEN NAME Maude Lemaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri

17. INFORMANT (ADDRESS) E.B.Greenway Jenkins Mo. R.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clay Hill Cem, DATE Oct 16, 1937

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED Oct 18, 1937 Ceal Hilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.00P.M.

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

Suicide

Shot bun wound

Date of onset

167

Other contributory causes of importance:

Self inflected

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? 4

If so, specify .....

(Signed) Floyd Callaway coroner ~~M. D.~~

(Address) Mount Vernon Mo

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.