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.

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

Do not use this space.

1. PLACE OF DEATH
53 County Laclede — Registration District No. 449 — File No. 3227
2 Township — Primary Registration District No. 4267 — Registered No.
1 City Lebanon (No. , Wallace Hospital St. Ward)

2. FULL NAME Fannie H. Greenwood 653

(a) Residence, No. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29th 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	1	29	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 1

FATHER
13. NAME Edward Press 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Fannie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Harry Greenwood Lebanon Mo. Esk. Pt.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brodshaw Cemetery DATE 1-29-1938

19. UNDERTAKER (ADDRESS)

20. FILED 1-28 1938 J. A. McCourt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1938, to January 28, 1938
I last saw her alive on January 28, 1938. Death is said to have occurred on the date stated above, at 3:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of the Brain	7/37

126

Other contributory causes of importance:
Removal of appendix and gall stones.

Name of operation Laparotomy, Appendectomy, Cholecystectomy, lithiasis Date 1/11/38
What test confirmed diagnosis? X-Ray 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) S. T. Thompson, M. D.
404 (Address) Lebanon, Mo.

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FEB 25 1938
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MO. STATE BOARD OF HEALTH