

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Joachim
City (No.) St. Ward)

Registration District No. 1421
Primary Registration District No. 5-575

File No. 18592
Registered No. 292

2. FULL NAME Lige L. Greenlee

(a) Residence, No. Pevely No. St. Ward. 654

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Greenlee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov., 5, 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm Work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>	
11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brazil Missouri</u>	
	13. NAME <u>Eligah L. Greenlee</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brazil Missouri</u>	
	15. MAIDEN NAME <u>Maggie Mae Mosplay</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mineral Point Missouri</u>		
17. INFORMANT <u>Bert Greenlee</u> (ADDRESS) <u>Pevely Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pevely Mo.</u> DATE <u>5/12/38</u>		
19. UNDERTAKER <u>Duester and Vinyard</u> (ADDRESS) <u>Pevely Mo.</u>		
20. FILED <u>5/12</u> 19 <u>38</u> <u>J. E. Outledge M.D.</u> Registrar. <u>382</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 9, 1938
I last saw him alive on May 9, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis & failure Date of onset

Other contributory causes of importance:
Hypertatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis? None 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) Arnett Peunhipe M. D.
Pevely, 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.

