

REC'D OCT 5 1938

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

32085
 Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
 (b) Township Primary Registration District No. 4150 Registered No. 30
 (c) City Gallatin (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James William Greer

(a) Residence, No. Gallatin, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Sarah Ann Greer			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1844			
7. AGE 96	YEARS 4	MONTHS 18	DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer		
	9. Industry or business in which work was done, as saw mill, bank, etc. Retired 25 Yrs		
	10. Date deceased last worked at this occupation (month and year) 1918		
			11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsville Illinois			
FATHER	13. NAME Aquilla Greer		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Kentucky		
MOTHER	15. MAIDEN NAME nn Hogeland		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown		
17. INFORMANT (ADDRESS) Mrs. Geo. Howard Gallatin, Missouri			
18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Sept. 18 1938			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Undt. Gallatin, Mo.			
20. FILED Sept. 18 1938 A. W. Bailey Local Registrar.			

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 16 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 11 1938** to **Sept. 16 1938**
 I last saw him alive on **Sept. 16 1938**. Death is said to have occurred on the date stated above, at **8:30 AM**
 The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular renal Disease Date of onset

Other contributory causes of importance:

**acute gastritis
 prostatic Hypertrophy**

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? **No**, specify
 (Signed) **A. W. Bailey, M.D.**
 (Address) **Gallatin, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson, or by

Registered Apprentice No., working under my personal supervision.

Signed 

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.