

NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township Kan
City KANSAS CITY

Registration District No. 299
Primary Registration District No. 1002
(No. 1019, West 27th St. _____ Ward)

File No. 34926
Registered No. 4262

2. FULL NAME

610 MRS MOLLIE GREB
(a) Residence, No. 1019 West 27th St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pete Greb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) (STATE OR COUNTRY) Germany13. NAME Henry Richardson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Don McGee 4445 E. 4345 Lloyd Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-1- 193819. UNDERTAKER (ADDRESS) EADS BROS FUNERAL HOME 1416 Minnesota Ave20. FILED Nov 1, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29- 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938, to Oct 29 1938.
I last saw her alive on 10-29 1938. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 10/20/38

Other contributory causes of importance:

acute nephritis exacerbation of a chronic nephritis

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..... 1938

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?.....

If so, specify.....

(Signed) Don McGee M. D.(Address) 525 1/2 E. 13th

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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.

For 2000

2000

12/31/00

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