

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

Do not use this space.

REC'D FEB 28 1939

1. PLACE OF DEATH

County *Sullivan*
Township *Pease*
City *Green City* (No. *152*)

Registration District No. *847*
Primary Registration District No. *4575-*

File No. *4122*
Registered No. *2*
St. _____ Ward _____

2. FULL NAME *Laura Greenstreet*

(a) Residence, No. _____ 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-21-1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 9 28

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

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 *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

13. NAME *James M. Thrasher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Martha Pickereel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (ADDRESS) *Mrs. Sherman Guffey Green City, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Winigan* DATE *1-21*, 19*39*

19. UNDERTAKER (ADDRESS) *Glenn E. Hart 771 Green City, Mo*

20. FILED *Jan 31, 1939* *Virginia Gebere* (Address) *Green City Mo*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 19, 1939*

22. I HEREBY CERTIFY That I attended deceased from *Dec 2*, 19*33*, to *Jan 19*, 19*39*

I last saw *her* alive on *Jan 16*, 19*39*. Death is said to have occurred on the date stated above, at *11.00* a.m.

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

Chronic Nephritis Ed
Hypertension

Other contributory causes of importance: *10/10*

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*39*

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) *M. Herndon M.D.*, M. D.

RECEIVED

District Health Officer No. 10

Case File Number 10-39-235

Filed FEB 5 1959

FEB 6 1959