

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

Do not use this space.

FILED SEP 11 1942

1. PLACE OF DEATH
 87 County Ralls, Registration District No. 292.87
 0 Township _____ Primary Registration District No. 4435.0
 0 City Perry, Missouri (inc) _____ St. _____ Ward _____
 2. FULL NAME Ida Blare Greening.
 (a) Residence, No. Perry, Missouri. St. _____ Ward 0 (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.

File No. 27971
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female / 4. COLOR OR RACE White / 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married.
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Greening.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1868.
 7. AGE YEARS 73 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.
 10. Date deceased last worked at this occupation (month and year) June 1, 1942. 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. /
 13. NAME Samuel B. Smith.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Sterling, Kentucky. /
 15. MAIDEN NAME Sarah J. Tremble.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Sterling, Kentucky. /
 17. INFORMANT (ADDRESS) Perry, Missouri.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE July 31, 1942
 19. UNDERTAKER (ADDRESS) Clyde C. Wilkey, Perry, Missouri.
 20. FILED 8/1/42 Mrs. Carl Kukunion Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1942
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1947 to July 29, 1942, 1942
 I last saw her alive on July 25, 1942 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis, subacute
1310
 Other contributory causes of importance: Intestinal Neoplasia
 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? _____
 If so, specify _____
 (Signed) John B. Brown, M. D.
 (Address) Perry, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 9242-1673

Date Filed SEP - 8 1942