

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

Do not use this space.

27544

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton No. _____

Registration District No. 347
Primary Registration District No. 2018

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME

A. H. Greeman

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mattie Greeman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-15-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 4 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Greeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Agnes Talbot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY) _____

14. INFORMANT Mattie Greeman
(Address) Clinton, Mo

15. FILED Aug 26 19 29 Dr. C. C. Peabody
m.e. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 19 29 to Aug 20 19 29
that I last saw him alive on Aug 10 19 29 and that death occurred, on the date stated above, at 103 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abnormal

CONTRIBUTORY (SECONDARY) 12/9
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? urinary analysis
(Signed) D. A. Peabody M. D.
8/22 19 29 (Address) Clinton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton, Mo. DATE OF BURIAL 7/27 19 29

20. UNDERTAKER Sims-Wilkinson Co. ADDRESS _____

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.

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PARENTS

