

DEC 22 1930

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

Do not use this space.

35959

1. PLACE OF DEATH

County Henry Registration District No. 349  
Township Telpo Primary Registration District No. 4207  
City Calhoun (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

Mary Melissa Henry Greeson  
(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 30 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 6 5 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moxville  
(STATE OR COUNTRY) Wayne Co. N. C.

PARENTS

10. NAME OF FATHER Hiram Henry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moxville  
(STATE OR COUNTRY) Wayne Co. N. C.

12. MAIDEN NAME OF MOTHER Mary Ann Wellman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moxville  
(STATE OR COUNTRY) Wayne Co. N. C.

14. INFORMANT J. H. Greeson  
(Address) Calhoun Mo.

15. FILED 12/20 1930 Mrs. W. L. Gray

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Calhoun Mo. Nov 18, 1930, to Nov 17, 1930, and that I last saw him alive on Nov 17, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio insufficiency

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. C. Paula, M. D.

, 19 (Address) Calhoun, 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 DATE OF BURIAL

Calhoun Cemetery Nov 20 1930

20. UNDERTAKER ADDRESS

E. C. Paula  
Calhoun, Mo.

REPRODUCED FROM THE MISSOURI STATE ARCHIVES, 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.

