

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.

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

Do not use this space.

14953

MAY 21 1936

1. PLACE OF DEATH
 County Springfield Registration District No. 349
 Township Springfield Primary Registration District No. 5300
 City Springfield (No. _____) St. _____ Ward _____

2. FULL NAME Lucy Anna Greeson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>7</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
 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) Rockwell Calhoun

FATHER

13. NAME J C Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Martha Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pentecost

17. INFORMANT (ADDRESS) Martha Berlin
H. Calhoun

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE April 22 1936

19. UNDERTAKER (ADDRESS) W. Austin
Shirley mo

20. FILED 4-21 1936 Mrs. A. A. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16 1936, to Apr. 20 1936
 I last saw her alive on Apr. 26 1936. Death is said to have occurred on the date stated above, at 7:45 P.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 4-17-36

Other contributory causes of importance:
Influenza 4-4-36

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) J. A. Blackmore, M. D.
 (Address) Windsor, Mo.

