

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

Do not use this space.

2881

**1. PLACE OF DEATH**

42 County Henry Registration District No. 14  
 80 Township \_\_\_\_\_ Primary Registration District No. 4211  
 0 City Windsor (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME** Henry Greife 610

(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 Male 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 Mrs. Charlotte Kampmeier G.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1866  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocerman  
 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Stemmen 6  
 (STATE OR COUNTRY) Germany

FATHER 13. NAME August Greife 6

14. BIRTHPLACE (CITY OR TOWN) Germany 6  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME \_\_\_\_\_ ✓

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

17. INFORMANT Mrs. Roy Milan  
 (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan. 7 19 38

19. UNDERTAKER Huston Furness  
 (ADDRESS) Windsor, Mo.

20. FILED Jan 7 19 38 Jennings  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5 1938  
 22. I HEREBY CERTIFY That I attended deceased from Dec 31 1937 to Jan 5 1938  
 I last saw him alive on Jan 5 1938. Death is said to have occurred on the date stated above, at 6:30 a m  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
Diabetic coma 12/31/37  
Lobar pneumonia 1/2/38  
 Other contributory causes of importance: 50  
diabetes mellitus P

Name of operation none 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) Ray B. Jordan, M. D.  
 (Address) Windsor Mo.

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

FEB 24 1938

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