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

Do not use this space.

41690

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.

JAN 21 1930

1. PLACE OF DEATH
County Phelps
Township South Dillon
City ..... (No. ..... St. ..... Ward)

Registration District No. 678
Primary Registration District No. 5902

File No. .....
Registered No. .....

2. FULL NAME Mary Ellen Grebel

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): 1

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	13	

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

9. BIRTHPLACE (CITY OR TOWN) St James Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Karl Grebel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St James Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ethel Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dawson Township
(STATE OR COUNTRY)

14. INFORMANT Karl Grebel
(Address) Rolla Mo R F D No 1

15. FILED 12/31 1929 Henry F. Wolters
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1929, to Dec 30, 1929 that I last saw her alive on Dec 30, 1929, and that death occurred, on the date stated above, at 1.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croupus Pneumonia
10 10 10
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Natural
(Signed) J. B. Underwood, M.D.
12/31, 1929 (Address) St James 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: Masonic Cemetery
DATE OF BURIAL: Dec 31 - 1929

20. UNDERTAKER: Jonas and Ten Eyck
ADDRESS: St. James Mo.