

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

Do not use this space.

13480

1. PLACE OF DEATH

County Pettis Registration District No. 665
Township Proctor Primary Registration District No. 5885
City Proctor (Name) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Amy Catherine Greer

(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 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-3-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 - 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) home 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Surat Springs
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J W Greer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Annie Le Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Depue
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Annie Hayes
(Address) Longwood Mo

15. FILED 4/10 1938 C. L. Parkhurst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 3 - 1932 to Apr. 9 - 1932
that I last saw h. or alive on Apr. 9 - 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis of the Heart
15 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infected Gall Bladder
(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____ (1)

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. Powell M. D.
, 19. (Address) Longwood 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 Longwood Cemetery DATE OF BURIAL 4-11 1932

20. UNDERTAKER W C Whitbrook ADDRESS Proctor

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.

MAY 30 1938

PARENTS

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