

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

Do not use this space.

**1. PLACE OF DEATH**

County Maries Registration District No. 547  
Township Mason Primary Registration District No. 3079  
City Hannibal (No. 2014, Chestnut)

File No. 25501  
Registered No. 231  
St. 6 Ward

**2. FULL NAME**

William Joseph Greening  
(a) Residence, No. 2014 Chestnut St. 6 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 45 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beacy Murrin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12-1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Section</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Foreman C.B. &amp; R.R.C.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Florida Mo.

MOTHER FATHER  
13. NAME John Greening  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
15. MAIDEN NAME Labitha Quarles  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida Mo.

17. INFORMANT (ADDRESS)  
Beacy Greening  
Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
St. Mary's Cem. July 31-1934

19. UNDERTAKER (ADDRESS)  
Rayl. Schmidt  
Hannibal Mo.

20. FILED July 30, 1934 R.H. Schaub  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29-1934  
22. HEREBY CERTIFY, That I attended deceased from July 28 1934 to July 29 1934  
I last saw him alive on July 30 1924 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Arterio sclerosis

Other contributory causes of importance:  
97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? dissected Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) R. Deavenport M. D.  
(Address) Hannibal Mo  
2005 Market St

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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