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.

NOV 9 1934

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

Do not use this space.
Cartwright
36956

80

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 343
Township Longwood — Primary Registration District No. 5898 — Registered No. 668
City ..... (No. Sedalia Route #4 St. ..... Ward)

2. FULL NAME Jemima Jane Greer
(a) Residence No. Sedalia RR #4 St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. R. Greer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1860
7. AGE YEARS 74 MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Pettis Co Mo.

FATHER
13. NAME Ryland Wasson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

MOTHER
15. MAIDEN NAME Lucetta Sprinklis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) J. C. H. Greer
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hope Well DATE 10-10-1934
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo
20. FILED 10-10-1934 Jean Slick Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~May~~ Oct 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Oct 6, 1934
I last saw her alive on Oct 6, 1934. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

97
110
Arteriosclerosis

Date of onset

Other contributory causes of importance:
Senil debility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. P. Cartwright, M. D.
(Address) Hughesville Mo