

DEC 11 1935

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

Do not use this space.

35279

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph, Mo. (No. 1442 N. 13 th. St. _____ Ward _____)

File No. _____
Registered No. 1259
St. _____ Ward _____

2. FULL NAME Cassie H. Greer

(a) Residence, No. 1442 N. 13th. 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 <u>Female</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>Robert Greer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>3</u>
		DAYS
		<u>24</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>Housewife</u>	
	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)	<u>Andrew County Mo.</u>	
FATHER	13. NAME <u>John Patton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT <u>Mr. Robert Greer</u> (ADDRESS) <u>1442 N. 13th.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Chapel</u> DATE <u>Dec. 2nd, '35</u>		
19. UNDERTAKER <u>FLEEMAN & SON, INC.</u> (ADDRESS) <u>1946 Cathoun</u>		
20. FILED <u>11-30</u> 19 <u>35</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th. 193522. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1935 to Nov. 30 1935I last saw her alive on Nov. 30, 1935 Death is saidto have occurred on the date stated above, at 11 m.

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

Myocarditis - chr. Date of onset

Other contributory causes of importance:

nephritis - chr. 11/2/35
UremiaName of operation Nope Date of _____What test confirmed diagnosis W. & S. 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) G. T. Bloomer M. D.(Address) 1218 N. 3rd St.

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.

