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

Do not use this space.

File No. 1317

Registered No. 108

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 2002

City: Kansas City (No. 2614 Holmes St. Ward)

2. FULL NAME Howard D Greenman

(a) Residence, No. 2614 Holmes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Information Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Gen Hosp

10. Date deceased last worked at this occupation (month and year) 9-2-4

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ill.

FATHER

13. NAME J.C. Greenman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) James Hoyle 2614 Holmes

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation DATE Jan 8, 1937

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons Brushcreek & Paseo

20. FILED 1-8, 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937, to Jan 7, 1937

I last saw him alive on 1-7, 1937. Death is said to have occurred on the date stated above, at 1:10 am

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

	Date of onset
Pneumonia, Lobar,	

Other contributory causes of importance:

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) H. C. Triplett, M. D.

(Address) 710 Prof. Bldg KC Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

* professional Bldg
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