

REC'D OCT 21 1938

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

32509
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
(b) Township 1 Primary Registration District No. 5575A Registered No. 88
(c) City Crystal City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Urban Francis Greery
(a) Residence, No. Crystal City 210 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 3 18

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk
9. Industry or business in which work was done, as saw mill, bank, etc. store
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) Bloomington MO

FATHER

13. NAME F. J. Greery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington MO

MOTHER

15. MAIDEN NAME M. L. Talbot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington MO

17. INFORMANT (ADDRESS) Raymond Greery
Crystal City 210

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus 210 DATE Sept 5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wentz & Vinford
Festus 210

20. FILED 9/3, 1938 J. E. Rutledge
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1938

22. I HEREBY CERTIFY, that I attended deceased from August 22, 1938 to Sept 3, 1938

I last saw him alive on Sept 12, 1938 Death is said to have occurred on the date stated above, at _____ m.

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

Pulmonary Tuberculosis onset
1 year

Other contributory causes of importance:

Name of operation Chemical + Date of _____

What test confirmed diagnosis? Autopsy 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 _____, 1938

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) J. E. Rutledge, M. D.
Crystal City MO (Address)

382

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. W. Wyard

, or by

Registered Apprentice No., working under my personal supervision.

Signed

H. W. Wyard

Licensed Embalmer No.

3010

P. O. Address

Fertus mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.