

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.

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

35233
Do not use this space.

NOV 15 1938

1. PLACE OF DEATH
(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 205
(c) City Poplar Bluff, Mo. (d) Street No. 329 Valley 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 Callie Greer

(a) Residence, No. 329 Valley 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>1</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

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) Missouri

FATHER

13. NAME Ezra Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin Indiana

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin Indiana

17. INFORMANT Asa Greer
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Oct. 25, 1938

19. FUNERAL DIRECTOR Greer-Croy Funeral Serv
(ADDRESS) Poplar Bluff Missouri

20. FILED 1075 38 Blutsinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1938, to 10-23, 1938
I last saw her alive on 9-22-, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast
Date of onset _____

Other contributory causes of importance: 50

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. H. O'Leary M. D.
(Address) Poplar Bluff Mo.

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STATEMENT BY LICENSED EMBALMER

I, Grover W Green, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Grover W Green

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Grover W Green
Licensed Embalmer No. 2964

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.)