

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully spelled. AGE should be stated EXACTLY. PHYSICIANS & CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Township _____ Registration District No. _____ File No. 41150
 or Village _____ Primary Registration District No. 6144 Registered No. 24
 or City _____ NO. _____ St. _____ Ward) _____
 FULL NAME Arthur William Greuter (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single (If wife the word)
 DATE OF BIRTH Jan 25 1893 (Month) (Day) (Year)
 AGE 3 yrs. 11 mos. 2 ds. IF LESS than 1 day, ____ hrs. or ____ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work (child) none
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 BIRTHPLACE (City or town, State or foreign country) Tex. as Co. Mo.
 NAME OF FATHER Jacob Greuter
 BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Gallen Switzerland
 MAIDEN NAME OF MOTHER Elsa Desein
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Gersingen Bern Switzerland
 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jacob Greuter
 (ADDRESS) Louisa Mo

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1913 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Dec 7 1913 to Dec 27 1913
 that I last saw him alive on Dec 25 1913
 and that death occurred, on the date stated above, at 11 A. m.
 The CAUSE OF DEATH* was as follows:
Typhoid fever
 (Duration) ____ yrs. ____ mos. 28 ds.
 Contributory (Secondary) (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) J. C. Davis M. D.
Dec 27 1913 Willow Springs, Mo.
 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ____ yrs ____ mos ____ ds. In the State ____ yrs ____ mos ____ ds.
 Where was disease contracted If not at place of death?
 Former or usual residence _____
 PLACE OF BURIAL OR REMOVAL Kilpatrick DATE OF BURIAL Dec 28 1913

2

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APR 24 1936

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

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1. PLACE OF DEATH

County St. Francois
Township St. Francois

Registration District No. 273
Primary Registration District No. 6.0.15A

File No. _____
Registered No. 43

Near City Farmington, Mo. (No. _____, _____ St. _____ Ward)

2. FULL NAME Jacob Greuter

(a) Residence, No. Willow Springs, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer
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) Switzerland

13. NAME Jacob Greuter

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs Mo DATE 3-10 1936

19. UNDERTAKER A. Richardson
(ADDRESS) Cabool Mo

20. FILED Feb 8, 1936 T. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1935 to Feb 8 1936
I last saw him alive on Feb 7th 1936. Death is said to have occurred on the date stated above, at 12 a.m.

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

Generalized Arteriosclerosis Date of onset _____

Other contributory causes of importance:

Senile Psychosis

Name of operation _____ Date of _____
What test confirmed diagnosis? 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? _____
If so, specify _____

(Signed) P. S. Tate, M. D.

(Address) Hosp #4 Farmington Mo

* FATHER'S NAME
(2)

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**

1 PLACE OF DEATH
 County Greene
 Township _____ Registration District No. 318 File No. 64474
 or _____
 Village _____ Primary Registration District No. 2001 Registered No. 74
 or _____
 City Springfield (NO. Southwest Hospital Ward) [If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

2 FULL NAME Rosa Greuter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED single
(If wife, the word)

6 DATE OF BIRTH Jan 29 1895
(Month) (Day) (Year)

7 AGE 20 yrs. 0 mos. 0 da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer) Southwest Hospital

9 BIRTHPLACE (City or town, State or foreign country) Creston, Mo.

PARENTS

10 NAME OF FATHER Jacob Greuter

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland

12 MAIDEN NAME OF MOTHER Elice Darrow

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jacob Greuter
 (Address) Sargent, Mo.

15 Filed Feb 26 1915 Registrar E. W. Jewell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 25th 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 29th 1915 to Feb 25th 1915
 that I last saw her alive on July 25th 1915
 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
lymphoid fever
 01
 (Duration) 2 yrs. 8 mos. 8 da.

CONTRIBUTORY (Secondary) _____
 (Duration) 2 yrs. 8 mos. 8 da.

(Signed) W. D. Patterson M. D.
July 25th 1915 (Address) Springfield, Mo.

*Specify Disease Causing Death, or, if both had Violent Causes, list (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death 0 yrs. 0 mos. 0 da. In the State 0 yrs. 0 mos. 0 da.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Sargent Mo. DATE OF BURIAL Feb 25 1915

20 ADDRESS 305 W. Walnut

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is re

Township Pierce		Primary Registration District No. 614K		Registered No. _____	
City _____ (No. _____)		_____		St. _____ Ward _____	
2. FULL NAME Mrs Elise Greuter					
(a) Residence, No. _____		St. _____		Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)			
Length of residence in city or town where death occurred 45 yrs.		mos. _____		ds. _____	
How long in U. S., if of foreign birth? _____		yrs. _____		mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 , 19 37					
22. I HEREBY CERTIFY, That I attended deceased from July 20 , 19 37 , to _____, 19 37					
I last saw her alive on July 20 , 19 37 . Death is said to have occurred on the date stated above, at 10 P. M.					
The principal cause of death and related causes of importance were as follows:					
<i>Cerebral infarction</i>					
<i>Chronic infarction</i>					
Other contributory causes of importance:					
<i>Chronic infarction</i>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external cause (violence), fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 19 37					
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 _____					
Date of death _____					
Place Pilgrimage Rest DATE 7/22/37					
67					

(2)
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Texas
Township Pierce
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 865 File No. 36667
Primary Registration District No. 6144 Registered No. 28

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Clara Greuter

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word)
DATE OF BIRTH <u>October 2, 1906</u> (Month) (Day) (Year)		
AGE <u>4</u> yrs. <u>+</u> mos. <u>8</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Texas Co. Pierce Townsh.</u>		
PARENTS	NAME OF FATHER <u>J. Greuter</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Zurich Switzerland</u>	
	MAIDEN NAME OF MOTHER <u>Elise Basen</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bern Switzerland</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 9th, 1910, to Nov 10th, 1910, that I last saw her alive on Nov 9th, 1910, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Spasmodic Croup
105 B

(Duration) ____ yrs. ____ mos. 2 ds.

Contributory (SECONDARY) _____
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) M. W. Gairness M. D.
_____, 1910 (Address) Hutton Valley

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Greuter
(ADDRESS) Sargent Mo.

Filed Nov 18 1910 R. W. Keasman REGISTRAR

PLACE OF BURIAL OR REMOVAL Samson Cemetery Burleson DATE OF BURIAL Oct 12, 1910
UNDERTAKER Richard Champion ADDRESS Sargent Mo.

89