

DEC 30 1936

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

Do not use this space.

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## 1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Annice Green(a) Residence, No. 1 Conway 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>Col</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>Jerry Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10 - 1898</u>		
7. AGE	YEARS	MONTHS
<u>38</u>	<u>4</u>	<u>72</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation
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)		

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Miss Morten</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Mollie Jackson</u>
MOTHER / FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>Mollie Jackson</u> (ADDRESS) <u>Marshall, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral Creek</u> DATE <u>Nov 24</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Funerary</u> <u>Marshall Mo</u>	
20. FILED <u>Nov 24</u> 19 <u>36</u> <u>W. H. Madison</u> <u>Deputy Registrar</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 22<sup>nd</sup></u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 17</u> 19 <u>36</u> , to <u>Nov. 22</u> 19 <u>36</u> I last saw her alive on <u>Nov. 22</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>3:30 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>General Septicemia (Accidental Infection following Teeth Extractions)</u> Other contributory causes of importance: <u>None</u> Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (violence), fill in also the following: Accident, <del>suicide</del> <u>infection</u> Date of injury _____ 19____ Where did injury occur? <u>Mo</u> (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? <u>No</u> If so, specify _____ (Signed) <u>W. H. Madison</u> , M. D. (Address) <u>Marshall, Mo</u>

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.

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