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

Do not use this space.

25697

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. Bethesda Hospitial St. ..... Ward)

File No. .....

Registered No. 7295

2. FULL NAME MARY.M.GREENE

(a) Residence. No. 2332 Whittemore Place St., 23 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J.L.Greene

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 29 1845.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81.	7.	13.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer: At Home

9. BIRTHPLACE (CITY OR TOWN): Louisana
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: B.J.Parks

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Hanabal
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Nancy Jewel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Hanabal
(STATE OR COUNTRY): Mo.

14. INFORMANT: Miss Rose Louise Blanhart
(Address) 2332 Whittemore Pl.

15. FILED AUG 12 1927 19.. Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 15 1927, to Aug 11 1927 that I last saw her alive on Aug 10 1927 and that death occurred, on the date stated above, at 11.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

92A 90A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Unknown

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) B J Hiesner, M. D

Aug. 12 1927 (Address) 2116 Russell Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hannibal Mo.

DATE OF BURIAL: Aug 13. 1927

20. UNDERTAKER: A. W. McLaughlin

ADDRESS: 1631 Missouri

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.

THIS IS A PERMANENT RECORD