

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

Do not use this space.

26472 - ^c

4

1. PLACE OF DEATH

County Boone

Registration District No. 76

File No. 4

Township Cedar

Primary Registration District No. 511013

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Mildred Green

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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)

Nov 29-1922

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
4	9	25	=

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Boone Co

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Boone Co

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maudie Garrett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kansas

(STATE OR COUNTRY)

14. INFORMANT

Wm Green
(Address) Chaparral Mo

15. FILE

4/152 (1927) Boone Co REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular meningitis

CONTRIBUTORY (SECONDARY)

320

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

() DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles P Meyer, M. D.
, 19____ (Address) Hickory Mo

*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

DATE OF BURIAL

Mt Pleasant Cem Sept 25 1927

20. UNDERTAKER

ADDRESS

Larson-Tanner J.B. M.

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.

29 1927

