

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

Do not use this space.

8785

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Mansfield Mo.

Registration District No. 399  
Primary Registration District No. 1880

File No. \_\_\_\_\_  
Registered No. 111  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary A. Green  
(a) Residence. No. 4837 E. 18<sup>th</sup> 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 F. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 | 10 | 10

**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 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cauden  
(STATE OR COUNTRY) Ind. Jersey

PARENTS

10. NAME OF FATHER Hervey Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind. Jersey  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT H. C. Green  
(Address) 2539 Agnes ave.

15. FILED 3/2 1928 M. M. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-1-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1927, to March 1- 1928 that I last saw her alive on 3-1- 1928, and that death occurred, on the date stated above, at 5:30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 82A Chronic Brights Disease (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
129A Chronic Brights Disease (duration) Several years

**18. WHERE WAS DISEASE CONTRACTED**

129A IF NOT AT PLACE OF DEATH: \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) M. Perkins, M. D.  
3/2, 1928 (Address) 3827 East 9

\*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 Cremation

DATE OF BURIAL 3/3 1928

20. UNDERTAKER D. W. Yewcombs Sons ADDRESS H. C. Mo.

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.

di 9485  
12-4

AUG 6 1942