L 25 192

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

Do not use this space.

20297

File No. .....
Registered No. 9

1. PLACE OF DEATH
County: Dunklin
Township: Freeborn
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 284
Primary Registration District No. 4168

2. FULL NAME: Rosa Bella 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-8-28

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

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

PARENTS

10. NAME OF FATHER: Robert Earl Green

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

12. MAIDEN NAME OF MOTHER: Ollie May Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ark.
(STATE OR COUNTRY): —

14. INFORMANT: A. E. Green
(Address): Holcomb Mo.

15. FILED 6-27, 19 28 J. B. Stemmons
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-27 19 28

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....
that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown
200B
no medical attention
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 205B
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. B. Stemmons Registrar, M. D.
, 19 (Address)

*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: Shumach Cemetery
DATE OF BURIAL: 6-27 19 28

20. UNDERTAKER: B. Horne
ADDRESS: Holcomb