SEP 27 1928

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

Do not use this space.

28289

1. PLACE OF DEATH
County: St. Clair — Registration District No.: 762 — File No.:
Township: Collins — Primary Registration District No.: 6003 — Registered No.:
City: (No.: St.: Ward:)

2. FULL NAME: Rosa Lee Greene

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 2, 1889

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	27	

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):
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: La Fayette Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mollie Chapman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

14. INFORMANT: Earl Greene
(Address): Collins, Mo

15. FILED: Aug 30 28 Mrs. C. L. Landauer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 29, 1928, that I last saw h. s. alive on Aug 29, 1928, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Eclampsia
148
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY): Acute Albuminuria
(duration) yrs. 7 mos. ds.

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? Clinical
(Signed) C. L. Landauer, M. D.
, 19 (Address) Collins, 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: Holsapple Cemetery — DATE OF BURIAL: Aug 30 1928
20. UNDERTAKER: J. T. Firestone — ADDRESS: Collins 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.

DEC - 5 1945