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

Do not use this space.

38068

1. PLACE OF DEATH
County: St Louis
Registration District No.: 789
Township: Carondelet
Primary Registration District No.: 60 338
City: ~~Ward~~ (No. 6227 Dowler St)
File No.:
Registered No.: 337

2. FULL NAME: Iva May Green

(a) Residence. No. 6227 Dowler 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: Jesse Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1, 1876

7. AGE: Years 52 | Months 6 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Miles Colp
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Nancy H Winter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Mr. Jesse Green
(Address) 6227 Dowler St

15. FILED 11/16, 1928 Della Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov. 14, 1928 that I last saw h. alive on Nov. 13, 1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bright's Disease
120
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A W Brooks, M. D
11/16, 1928 (Address) 4243 Easton

*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: Laurel Hill Cem. | DATE OF BURIAL: Nov 16, 1928
20. UNDERTAKER: Drehmann Hand | ADDRESS: 1905 Union

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.

WHICH PRINTED WITH INVALID INKS IS A PERMANENT RECORD

[illegible] Brook
4243 Erston Ave
2-6