

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

Do not use this space.

30837

3861

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 905 East 30th St.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Frances J. Greene

(a) Residence. No. 905 East 30th St. St. 4 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 4 ds. How long in U.S., if of foreign birth? 50 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus J. Greene

17. I HEREBY CERTIFY That I attended deceased from Aug 10 1929 to Sept 13 1929 that I last saw her alive on Sept 12 1929 and that death occurred, on the date stated above, at 2:15 A.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 1

M. Tr. Stenosis
97A
56E (duration) _____ yrs. _____ mos. _____ ds.

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 _____

CONTRIBUTORY (SECONDARY) Rheumatic Fever (duration) _____ yrs. 1 mos. 4 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER R. Kibble

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Ziem, M. D.

12. MAIDEN NAME OF MOTHER Don't Know

9/13 . 1929 (Address) 3088 Garland St
*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT F. J. Greene (Address) 436 N 31

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maryville, Mo. DATE OF BURIAL Sept. 15 1929

15. FILED 9/13, 19 29 M. M. Carone REGISTRAR

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS City Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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