

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

Do not use this space.

34297

1. PLACE OF DEATH

County... Lewis
Township.....
City... La Grange

Registration District No. 480
Primary Registration District No. 4289

File No.....
Registered No. 20
St. Ward)

2. FULL NAME Zeilba Jane 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 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 James Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8th 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 4 14

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

9. BIRTHPLACE (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joseph Cottrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Lemon

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

14. INFORMANT Mrs Wm Brinkman
(Address) La Grange Mo.

15. FILED 10/28/29 W. S. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 22 19 29

17. I HEREBY CERTIFY, That I attended deceased from October 15, 1929, to Oct. 22 nd., 1929 that I last saw h. er alive on Oct. 22, 1929, and that death occurred, on the date stated above, at 3.15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

99121
all'stial regurgitation
of heart
(duration) 3 yrs. mos. ds.

CONTRIBUTORY cardiac asthma
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) W. S. Kelley M.D.
, 19 (Address) La Grange 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 La Grange DATE OF BURIAL Oct 24 19 29

20. UNDERTAKER A.A. Roberts ADDRESS La Grange, 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.

PART WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

