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. 21521

[redacted]3

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6441

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 4043a Aldine St. ..... Ward)

2. FULL NAME Kattie L. Green

(a) Residence. No. 4043a Aldine St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alfred L. Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 27 1887

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 6 | -1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Tenn.

PARENTS

10. NAME OF FATHER: Anthoney Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) N. C.
12. MAIDEN NAME OF MOTHER: Mattie Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ga.

14. INFORMANT: Alfred L. Green
(Address) 4043a Aldine

15. FILED [illegible] 19[illegible] Max C Starkey REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930, to June 28, 1930 that I last saw her alive on June 27, 1930 and that death occurred, on the date stated above, at Found dead on 2-5 at 7:30 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis
99A
156B
..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myalgia
..... (duration) ..... yrs. 1 mos. 3 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) R L Haskell, M. D.
, 19 (Address) 822a N. Jefferson Ave

*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: Washington Park
DATE OF BURIAL: 7/6 1930

20. UNDERTAKER: Manuel Undertaking Co.
ADDRESS: 4059 Finney