WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

14340

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1857

City Kansas City (No. 3303 East 30th. Street St. Ward)

2. FULL NAME Mrs. Nancy J. Green

(a) Residence. No. 3303 East 30th. Street St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2nd. 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	11	19	

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

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

PARENTS

10. NAME OF FATHER Unk Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

14. INFORMANT Mrs. Mary Weaver
(Address) 3303 East 30rd. Street

15. FILED 4/4, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21st. 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1931, to Apr 20, 1931 that I last saw her alive on Apr 20, 1931, and that death occurred, on the date stated above, at 6.45 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
132B (duration) 3 yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY) Uremia (duration) yrs. mos. 7 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 [Blood Chemistry]
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) Roy F. Mills, M. D.
Apr 21, 1931 (Address) R 300 Argyle Bldg K.C. 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	DATE OF BURIAL
Higgensville Mo.	4/22/31

20. UNDERTAKER	ADDRESS
W. F. Mayberry	Kans City Mo

Aiyale Bldg
J.J.
Ha 5997
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