

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

Do not use this space.

21104

**1. PLACE OF DEATH**

County Gentry Registration District No. 913  
Township Miller Primary Registration District No. 0432  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Inez Ethel 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Green.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18<sup>th</sup> 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 6

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

9. BIRTHPLACE (CITY OR TOWN) Pattonsburg, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Gene Martin  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ia.  
12. MAIDEN NAME OF MOTHER Ida L Youlin  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Gene Martin  
(Address) Pattonsburg Mo

15. FILED 6-28 1931 W. A. Steury  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1931  
17. I HEREBY CERTIFY, That I attended deceased from May 20 1931 to June 20 1931 that I last saw her alive on June 10 1931, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of bladder  
4 1/2 (duration) yrs. 13 mos. ds.  
CONTRIBUTORY (SECONDARY) Cancer of cervix.  
(duration) 7 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?  
(Signature) Harold Johnson, M. D.  
6/22 1931 (Address) Wayville Mo  
\*State the DISEASE CAUSING DEATH, and 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 2007 Cemetery DATE OF BURIAL June 22 1931

20. UNDERTAKER Ed Brown Pattonburg Mo  
ADDRESS

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.

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