

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

Do not use this space.

30785

1. PLACE OF DEATH

County Christian Registration District No. _____
Township Lincoln Primary Registration District No. 182
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Martha Josephine 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 <u>female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ab. Green</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 16-1854</u> | | | | |
| 7. AGE | YEARS <u>77</u> | MONTHS <u>3</u> | DAYS <u>23</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>house wife</u> (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) <u>Missouri</u> | | | | |
| PARENTS | 10. NAME OF FATHER <u>John Smart</u> | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u> | | | |
| | 12. MAIDEN NAME OF MOTHER <u>Patsy Brown</u> | | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-9-1931

17. I HEREBY CERTIFY, That I attended Deceased from Aug 1, 1930 to Sept 1, 1931 that I last saw her alive on Sept 1, 1931, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
21A Apoplexia
1186 (duration) 1 yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) Indigestion (duration) _____ yrs. _____ mos. _____ 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
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. W. Brown, M. D.
, 19 _____ (Address) Claver 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.

14. INFORMANT J. Maples
(Address) Claver Mo.

15. FILED 9-10-1931 A. A. Maples
REGISTRAR

| | |
|--|---------------------------------------|
| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Smart cetry</u> | DATE OF BURIAL <u>Sept 10 1931</u> |
| 20. UNDERTAKER <u>J. W. Maples</u> | ADDRESS <u>Claver Mo.</u> |

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.

SEP 22 1931

1944

