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.

35870

1. PLACE OF DEATH

County ..... Registration District No. 791 1008 File No. 10386

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

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Susan H. M. Green.

(a) Residence, No. 4911 Fountain ave St., 12 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 18 1851

7. AGE: YEARS 79 | MONTHS 10 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salt Lake City Utah

FATHER

13. NAME: Richard Hewitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Margaret Middleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mary Hewitt 4911 Fountain ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Oct 10, 1931

19. UNDERTAKER (ADDRESS): Wm. M. Schumacher 4834 Natural Bridge ave

20. FILED OCT 10 1931, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 8th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept - 3 - 1931 to Oct - 8, 1931

I last saw her alive on Oct 8, 1931. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Chronic Myocarditis	
121K Senility	

Other contributory causes of importance:

Gangrenous appendicitis

Name of operation: appendectomy Date of Sept 3, 31

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Cleveland H. Hewitt M. D.

(Address) 305 Metropolitan Bldg St Louis Mo.