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.

MAY 26 1932

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

Do not use this space.

File No. 13259

Registered No. 73

1. PLACE OF DEATH

65 County: Mercer — Registration District No. 556

Township: Morgan — Primary Registration District No. 5750

City: Princeton (No. ..., ... St. ... Ward)

2. FULL NAME: Hannah Marie Green

(a) Residence, No. ... St., ... 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29, 1932

7. AGE — YEARS: X — MONTHS: X — DAYS: X — If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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): Princeton Missouri

FATHER

13. NAME: Paul Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER

15. MAIDEN NAME: Rosa Emmack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Paul Green, Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Princeton DATE: April 30, 1932

19. ~~UNDERTAKER~~ Father (ADDRESS): Paul Green, Princeton Mo

20. FILED: 4/30, 1932 J. McCurry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1932, to Apr 29, 1932

I last saw her alive on Apr 29, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Prematurity — 5 —	
Mos gestation —	
1 lb 9 oz 159	

Other contributory causes of importance: Syncope & weight by mother.

Name of operation ... Date of ...

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? No 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) A. S. Bristow, M. D.

(Address) Princeton, Mo.