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.

16215

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No. 2608

City Kansas City (No. 836 Westover Road St. Ward)

2. FULL NAME Henriette Bruce Green

(a) Residence, No. 836 Westover Road 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Hashbrook Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 15, 1849

7. AGE: Years 82 — Months 9 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Covington Kentucky

FATHER

13. NAME: Henry Bruce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Mary E. Nuk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): F. C. Sharon, 836 Westover Road

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Covington, Ky DATE May 1, 1932

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Place

20. FILED May 18, 1932 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 17, 1932

I last saw her alive on May 17, 1932. Death is said to have occurred on the date stated above, at P. m. 11:05

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

Lobar Pneumonia — Date of onset: May 12, 1932

11A
10B

Other contributory causes of importance:

La Grippe

Name of operation: None — 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? — 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) John M. Walker, M. D.

(Address) 1424 Prof. Bldg