

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... *St. Louis* (No.....)

File No. *17764*
Registered No. *4718*
St. Ward)

2. FULL NAME *Missie Green*

(a) Residence. No. *1618 Pine* St., *25* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colord

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

abt. 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 53

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)

235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Miss 2

10. NAME OF FATHER

Leroy Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Mariah Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14. INFORMANT

(Address)

*Laura Johnson
1618 Pine St*

15. FILED

MAY 14 1932

W. C. Standif

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 7, 1932*

17. I HEREBY CERTIFY That I attended deceased from *May 10, 1932*, to *May 7, 1932* that I last saw him alive on *May 7, 1932* and that death occurred, on the date stated above, at *11:45 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Ulcer of Stomach
1/6 E (Rupture)*

117A (duration) *1* yrs. *4* mo. *4* da.

CONTRIBUTORY (SECONDARY) *Hepatic Carcinoma*

(duration) *6* yrs. *6* mo. *6* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

46 E

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. J. Moore* M. D.

(Address) *1886 Franklin*

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington Park *May 15, 1932*

20. UNDERTAKER

ADDRESS

J W Hughes *Lawton*

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.

