

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

Do not use this space.

20109

**1. PLACE OF DEATH**

County Mason

Registration District No. 5-14

Township Mason

Primary Registration District No. 30129

City Hannibal

(No. 522 N 3rd St)

File No. \_\_\_\_\_

Registered No. 185

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Emma Lee Green

(a) Residence. No. 522 N 3rd 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 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
—      3      19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Hannibal  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lloyd S. Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union  
(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Alice Maher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Ill  
(STATE OR COUNTRY) Mo

14. INFORMANT Lloyd S. Green  
(Address) Hannibal Mo

15. June 28, 1932 P. E. Cousins  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18th 1932

17. I HEREBY CERTIFY, That I attended deceased from 5:00 \_\_\_\_\_, 1932 to June \_\_\_\_\_, 1932 that I last saw her alive on June 17 \_\_\_\_\_, 1932 and that death occurred, on the date stated above, at 2:40 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Inanition

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) very delicate baby at birth

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 158 ①

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) E. E. Sawyer M. D.

, 19 \_\_\_\_\_ (Address) Hannibal 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL 6/19/ 1932

20. UNDERTAKER James O. J. J. J. ADDRESS Hannibal

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.

JUL 25 1932

