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.

AUG 23 1932

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

Do not use this space.

1. PLACE OF DEATH
36 County Franklin — Registration District No. 297 — File No. 22460
8 Township — Primary Registration District No. 3016 — Registered No. 61
7 City Washington (No. St. Francis Hospital St. Ward)

2. FULL NAME Anna Green
(a) Residence, No. Pacific Mo St., R.F.D. 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. 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 - 1899

7. AGE: YEARS 32 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) July 1 - 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME John Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Kate McCreg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

17. INFORMANT (ADDRESS) Joseph Green Pacific Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo DATE July - 21 1932

19. UNDERTAKER (ADDRESS) Jno. A Thiebes & Son Pacific Mo

20. FILED July 19 1932 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 18 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to July 18 1932
I last saw her alive on July 18 1932 Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Septicemia | July 15 1932 |
| 140 36 / 140 | |
| Other contributory causes of importance: Abortion (1) | July 13 1932 |

Name of operation Curettage Laparotomy Date of July 14, 1932 July 15, 1932
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) R. R. Cutley, M. D.
(Address) Washington Mo.