

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

Do not use this space.

25011

1. PLACE OF DEATH

97 County Saline
5 Township Marshall
7 City Marshall Mo (No.)

Registration District No. 296
Primary Registration District No. 3038

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14 - 1914</u>		
7. AGE YEARS <u>18</u>	MONTHS <u>6</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Green</u>		
13. NAME <u>Faunt Green</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Green</u>		
15. MAIDEN NAME <u>Elizabeth Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Faunt Green</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem</u> DATE <u>July 18 - 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ferguson Williams</u>		
20. FILED <u>7-13-1932</u> <u>A. C. Putnam</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1932

22. I HEREBY CERTIFY that I attended deceased from June 27 1932 to July 9 1932
I last saw her alive on July 9th 1932. Death is said to have occurred on the date stated above, at 10:15 P. M.
The principal cause of death and related causes of importance were as follows:
Acute Bright's Disease Date of onset July 1, 32
117A
130 117W
Other contributory causes of importance:
Gastric Ulcer

Name of operation none Date of
What test confirmed diagnosis Physical & Chemical Was there an autopsy? no

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) W. H. Madison, M. D.
(Address) Marshall Mo

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 27 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

