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.

30488

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3149

City St Louis (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Kathleen Green

(a) Residence, No. 4251 Delmar St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 9 mos. 28 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) Nov, 9, 1931

7. AGE — YEARS: — MONTHS: 9 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 23 H
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24 H
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City St Louis

FATHER

13. NAME Coleman Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

MOTHER

15. MAIDEN NAME Martha Doare
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Leona Burns ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept 9 1932

19. UNDERTAKER (ADDRESS) J. H. Gibbons L & U Co 2842 Meramec St.

20. FILED SEP -9 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to Sept 6, 1932

I last saw her alive on Sept 6, 1932. Death is said to have occurred on the date stated above, at 5:40 p.m.

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

	Date of onset
Pulmonary Tuberculosis	8-25
Miliary Tuberculosis	
Other contributory causes of importance: Tubercular Meningitis	9-2

Name of operation None Date of .....

What test confirmed diagnosis? Direct Cadearlitis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Eschenbrenner M.D.
(Address) ISOLATION HOSPITAL