

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.

NOV 22 1932

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

Do not use this space.

1. PLACE OF DEATH

21 County Chariton Registration District No. 171
3 Township North Primary Registration District No. 4100
3 City Keosauqua

File No. 31721
Registered No. 23 St. _____ Ward)

32. FULL NAME

Hillman Green
(a) Residence, No. _____ 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7th 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

FATHER
13. NAME Jefferson Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Mo

MOTHER
15. MAIDEN NAME Leola McCallister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

17. INFORMANT (ADDRESS) Leola Green Keosauqua Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keosauqua DATE Oct 16 1932

19. UNDERTAKER (ADDRESS) W. H. Shaggett Keosauqua Mo

20. FILED Oct 17 1932 Etta Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-14-1932 19____
saw her once only
I last saw her alive on 10-14-1932 Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Granulation
158
158
Other contributory causes of importance: ①

Name of operation _____ Date of _____
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? _____
If so, specify _____
(Signed) W. H. Shaggett, M. D.
(Address) Keosauqua

