

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.

22103

1. PLACE OF DEATH
 107 County Jasper Registration District No. 18
 Township North Primary Registration District No. 6189
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Luette Green
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 78 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81-</u>	<u>0</u>	<u>4,</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

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) Mo.

MOTHER FATHER

13. NAME Thomas Lane
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nancy Bookman

15. MAIDEN NAME Nancy Bookman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) James Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship DATE 6-15 1933

19. UNDERTAKER (ADDRESS) none

20. FILED 7/16 1933 John J. Johnson Registrar.
Wm. Green

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1933, to 6-14 1933
 I last saw her alive on 6-12 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cardiac insufficiency
9:15
10:2
92
 Other contributory causes of importance:
Supernatural origin
with complications

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) John J. Johnson M. D.
 (Address) Wm. Green Mo.

AGE 2 6 1932

2 2 2

W. C. Gardner

