

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

Do not use this space.

23068

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 1st Primary Registration District No. _____
City 156 Mo (No. 5037-E-9) St. _____ Ward _____

File No. _____
Registered No. 2764
St. _____ Ward _____

2. FULL NAME

Lenora Stagg Green
(a) Residence, No. 5037-E-9 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 Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3-1869

7. AGE YEARS 64 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Iowa

13. NAME Jones Calank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Louise Fenrock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evrog

17. INFORMANT (ADDRESS) Mrs Mary Sims
5037-E-9

18. BURIAL, CREMATION, OR REMOVAL PLACE Edinwood DATE July 5 1933

19. UNDERTAKER (ADDRESS) Rose + Henderson
154 Jackson

20. FILED July 4 1933 M M Green Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1933.
I last saw him alive on _____, 1933. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic interstitial nephritis
Chronic myocarditis
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Other contributory causes of importance: 956
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Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933
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 related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature]
(Address) 154 Jackson DFP-COR

WHITE 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.

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