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.

SEP 26 1933

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

Do not use this space.

27974

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1704 A Chouteau Ave. St. ..... Ward)

File No. ..... Registered No. 7035

2. FULL NAME Hattie Green

(a) Residence, No. 1704 A Chouteau St., 22 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF: Joe E. Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 13-1868

7. AGE: YEARS 65 MONTHS 6 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER

13. NAME: Wm. Singleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs Marie Keisner 1822 Hickory St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Hill Cemetery DATE: Aug-15-1933

19. UNDERTAKER (ADDRESS): A. H. McLaughlin 1631 Missouri Ave.

20. FILED: AUG 14 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21st, 1933, to Aug 13th, 1933. I last saw her alive on Aug 13, 1933. Death is said to have occurred on the date stated above, at 6 PM.

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

Cancer of the breast. 50

Date of onset: about 1931.

50

Other contributory causes of importance: —

Name of operation: None Date of

What test confirmed diagnosis? Examd phys. Was there an autopsy? no

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) P. D. Blackburn, M. D.

(Address) 3542 Arsenal St. St. Louis Mo.