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

Do not use this space.

29887

File No. .....
Registered No. 3813

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kan Primary Registration District No. 002
City K. C. Mo (No. 3814 Mercier St. Ward)

2. FULL NAME Roberta Mae Green
(a) Residence, No. 3814 Mercier 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: Wh
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) Aug. 16-1901

7. AGE: Years 32 | Months 1 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steno
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) Mo

FATHER
13. NAME Robert Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mae Cadwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon

17. INFORMANT Mrs. Robert Green
(ADDRESS) 3814 Mercier St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Sept. 29-33

19. UNDERTAKER Mrs. E. L. Foster
(ADDRESS) 918 Brooklyn Ave

20. FILED 9-27-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-25-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933, to Sept 25, 1933
I last saw h. alive on Sept 25 1933. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Chronic
32 A	8 Months

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) Ward Steward, M. D.
(Address) 3232 Summit St

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.

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