

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

Do not use this space.

**1. PLACE OF DEATH**

55 County Linn  
Township Ozark  
City                      (No.                     )

Registration District No. 474  
Primary Registration District No. 5738

File No. 29929  
Registered No.                      St.                      Ward                     

**2. FULL NAME**

Nona Grace 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Green  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 4 17

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)                     

13. NAME Robert Fuller

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

15. MAIDEN NAME Louella Culberson

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

17. INFORMANT H. A. Green (ADDRESS)                      R. R. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Chapel DATE 8-21-1934

19. UNDERTAKER Monroe & Leiman (ADDRESS)                     

20. FILED 8/23 1934 C. P. Cantrell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20-1934

22. I HEREBY CERTIFY, That I attended deceased from July - 8<sup>th</sup>, 1934, to Aug 16, 1934.  
I last saw him alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Pernicious Anemia.

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Other contributory causes of importance: Primary cause unknown.

Name of operation none Date of                     

What test confirmed diagnosis? clinical Was there an autopsy? N

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? N

If so, specify                     

(Signed) Charles H. McHaffie, M. D.

(Address) Fish Grove, Mo.

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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