

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

Taveler
 Do not use this space.
 10133
 File No. *X98*
 Registered No. *668*
 St. _____ Ward _____

APR 24 1935

1. PLACE OF DEATH

County PETTIS Registration District No. *668*
 Township Sedalia Primary Registration District No. *0889*
 City SEDALIA (No. RFD # 1) St. _____ Ward _____

2. FULL NAME BABY GIRL OF J. H. GREEN

(a) Residence, No. RFD # 1 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 12 1935

7. AGE YEARS MONTHS DAYS If less than 1 day, 30 hrs. or 30 min.

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

13. NAME J. H. GREEN

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

15. MAIDEN NAME RUTH RUCKER

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

17. INFORMANT J. H. GREEN (ADDRESS) SEDALIA MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CROWN HILL DATE MAR. 14 1935

19. UNDERTAKER GILLESPIE FUNERAL HOME (ADDRESS) SEDALIA MO.

20. FILED Mar 15 1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from Birth 3/17/34, 19, to 3/12/35, 19. I last saw him alive on March 12 1935. Death is said to have occurred on the date stated above, at 11:30 P M 3/12/35. The principal cause of death and related causes of importance were as follows:

Premature birth 6 1/2 mo.

Other contributory causes of importance: Premature birth

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. No.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify CP Brady
 (Signed) _____ M. D.
 (Address) 117 W 4th Sedalia, Mo.

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.

