

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

Do not use this space.

MAY 31 1935

13539

1. PLACE OF DEATH
 County Madison Registration District No. 538
 Township Twelve mile Primary Registration District No. 5726
 City..... (No.)..... St. Ward.....

2. FULL NAME May Elizabeth 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 78 yrs. 7 mos. 29 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OR (or) WIFE OF Land Benton Green
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8, 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 28

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7, 1935
 17. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1935 to Apr 7, 1935
 that I last saw him alive on Oct 27, 1934, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS
Laryngeal Tuberculosis

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer ✓

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Madison Co. Mo.
 (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

10. NAME OF FATHER Ancil Matthews

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) F. C. Slaughter, M. D.
 (Address) Frederickton, Mo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison County
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Louise Robertson Carmack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Green County
 (STATE OR COUNTRY) Tenn.

14. INFORMANT John Green
 (Address) Loce, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILE NO. 13539 1935- S. C. Slaughter
 REGISTRAR
Ray A. S. Slaughter

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Masonic Cem. DATE OF BURIAL Apr 8, 1935

20. UNDERTAKER Ch. H. Webb ADDRESS Frederickton, 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.

