

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.

JUL 1 1935

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

Do not use this space.

18677

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *821*

Township *Sikeston*

Primary Registration District No. *4550*

City *Sikeston* (No. ....)

File No. ....

Registered No. ....

2. FULL NAME

*Connie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 8, 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from *May 6, 1935, to May 8, 1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 15, 1915*

I last saw h. .... alive on *May 8, 1935* Death is said to have occurred on the date stated above, at *12* m.

7. AGE YEARS *19* MONTHS *1* DAYS *7* IF LESS than 1 day, .... hrs. or .... min.

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

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

Date of onset

*Typhoid fever (intestinal hemorrhage)*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Canalou Mo.*

Other contributory causes of importance:

13. NAME *Allen Green*

Name of operation: .... Date of: ....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio County Kentucky*

What test confirmed diagnosis? *Clival* Was there an autopsy? .....

15. MAIDEN NAME *Stella Midkiff*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .... Date of injury: ...., 19....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio County Kentucky*

Where did injury occur? .... (Specify city or town, county, and State)

17. INFORMANT *Allen Green* (ADDRESS) *319 Foster St.*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Carpenter Cem.* DATE *5-9* 1935

Manner of injury: .... Nature of injury: ....

19. UNDERTAKER *G. O. Dempster* (ADDRESS) *Sikeston Mo.*

24. Was disease or injury in any way related to occupation of deceased? *No*

20. FILED *66* 1935 *W. H. H. Resnell* Registrar.

If so, specify: *App. My feet* (Signed) *Sikeston Mo* (Address) *Sikeston Mo*, M. D.

*mas field*

