

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

Do not use this space.

22002

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. _____
 Township _____ Primary Registration District No. 3001 Registered No. 136
 City Kirkville (No. _____) St. _____ Ward _____

2. FULL NAME Atha Lorane Green

(a) Residence, No. Cohty Infirmary 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 W. M. Green
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 2 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron of County Infirmary
 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) December 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

FATHER 13. NAME John W. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County Iowa

MOTHER 15. MAIDEN NAME Amanda Shoop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

17. INFORMANT (ADDRESS) W. M. Green County Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger DATE 7/20/35

19. UNDERTAKER (ADDRESS) Davis & Wilson Kirkville, Mo.

20. FILED July 23, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1923 to July 1935
 I last saw her alive on July 14, 1935. Death is said to have occurred on the date stated above, at 10:00 am
 The principal cause of death and related causes of importance were as follows:

Cancer of uterus Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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? yes
 If so, specify _____ (Signed) L. J. Carner, M. D.
 (Address) Kirkville, 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.

