

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.

OCT 22 1935

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

Do not use this space.

29575

1. PLACE OF DEATH

County Jackson  
Township Ray  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. George H. Nettleton Home)

File No. \_\_\_\_\_  
Registered No. 3537  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Bertha Green

(a) Residence, No. George H. Nettleton Home, 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) (STATE OR COUNTRY) Germany

FATHER 13. NAME Conrad Shoemaker

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

MOTHER 15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT Geo. H. Nettleton (ADDRESS) 5125 Swope Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE Sept 16, 1935

19. UNDERTAKER Stueck & Co. Clure (ADDRESS) 3235 William Plaza

20. FILED Sept 16, 1935 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 31 to Sept 14, 1935  
I last saw her alive on Sept 14, 1935 Death is said to have occurred on the date stated above, at 8 A m.

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

Generalized Arteriosclerosis and chronic Myocarditis Date of onset 9/1/35

Other contributory causes of importance: Infected and gangrenous bed sores

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.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John H. Laph M. D.  
(Address) 1314 Professional Bldg

L. S. 7141  
2619 Victor