

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

Do not use this space.

38229

1. PLACE OF DEATH, **DEC 30 1935**
 County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. 520, E. Washington St. _____ Ward _____)
 2. FULL NAME Matilda Jane Green
 (a) Residence No. 425 E. Fayette St., 4th Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/30 1935

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1935, to Nov. 30, 1935, that I last saw him alive on Nov. 30, 1935, and that death occurred, on the date stated above, at 8 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20 1871

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>	<u>1</u>	<u>9</u>	<u>9</u>	

Acute Peritonitis
 (duration) _____ yrs. mos. 10 ds.

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

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Saline Co., Mo.
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED At home - 138
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

19. WHAT TEST CONFIRMED DIAGNOSIS? Indian test
 (Signed) A. H. Webb, M. D.

12. MAIDEN NAME OF MOTHER Ballie Henderson

. 19 (Address) Marshall, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

*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.

14. INFORMANT Eli Green
 (Address) 525 E. Washington Marshall

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview DATE OF BURIAL 12/1 1935

15. FILED Dec. 2 1935 Helena Ruston Deputy REGISTRAR

20. UNDERTAKER Reuben Robinson ADDRESS Marshall Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. N. H.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Saline
Township _____
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Matilda Jane Green

(a) Residence, No. _____ St., _____ Ward.

(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 7 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-1931

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

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Last saw h. _____ alive on _____, 19____. Death is said

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

to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

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

Acute Peritonitis Date of onset _____

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, sawmill, bank, etc. _____
10. If deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Traumatism from lifting tubs.
Other contributory causes of importance: _____

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

13. NAME _____

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accid. Date of injury und 11-35

15. MAIDEN NAME _____

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

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

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

17. INFORMANT (ADDRESS) _____

Manner of injury traumatism from

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

Nature of injury injuring tubs

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED Jan. 13, 1936 7 Helen Newton Registrar

(Signed) H. H. West, M. D.
(Address) Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

