

JUL 27 1936

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

Do not use this space.

25080

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Rock Hospital Primary Registration District No. 6248B
City Kelch, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 227

2. FULL NAME

Maggie Greenport
(a) Residence, No. 2894 Wendell 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 6 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd jobs
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 unknown

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

MOTHER FATHER
13. NAME Perry Kennedy

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

15. MAIDEN NAME Mary Jawhenn

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

17. INFORMANT (ADDRESS) Kelch Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE West Point, Miss DATE June 19, 1936

19. UNDERTAKER (ADDRESS) A. Green
227 1/2 Franklin Ave

20. FILED June 15, 1936 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

22. I HEREBY CERTIFY that I attended deceased from May 14 1936, to June 11 1936
I last saw him alive on June 10, 1936. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Tuberculous meningitis
Other contributory causes of importance: 23
Date of onset 1434

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab X-ray Was there an autopsy? No

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) Dora K. Webster M. D.
(Address) Kelch Hospital
Kelch, 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.

