WHITE 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.

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

SEP 29 1936

Do not use this space. 29399-b

1. PLACE OF DEATH
County St. Louis
Township Carondolet
City Koch, Mo. (No. Koch Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 318

2. FULL NAME Venezuela Green
(a) Residence, No. 1122 N. 2nd St., Ward. St. Louis, Mo.
(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 F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Green.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1907
7. AGE YEARS 29 MONTHS 4 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Jan 1933
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Luke Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ella Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Koch Hosp. Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 8/8 1936
19. UNDERTAKER (ADDRESS) W. Richardson 2600 N Kiffingwell
20. FILED Aug. 8, 1936 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-9-, 1934 to 7-31-, 1936
I last saw her alive on 7-31-, 1936 Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary TBc.	

Other contributory causes of importance:

Name of operation Sputum & X-Ray 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? No
If so, specify
(Signed) D. H. Trumpe, M. D.
(Address) Koch, Mo.