

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 21 1936

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

Do not use this space.

40143

1. PLACE OF DEATH

County Lyon

Registration District No. 875

File No. _____

Township _____

Primary Registration District No. 3039

Registered No. 286

City Nevada (No. _____)

St. _____ Ward _____

2. FULL NAME

Carrie Belle Green

(a) Residence, No. Nevada 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1936, to Oct 7 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1865

I last saw her alive on Sept 7 1936 Death is said to have occurred on the date stated above, at 2 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 4 15

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

Brain Tumor
Date of onset July 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co., Neb.

Other contributory causes of importance:
Chronic pyelitis 1 yr
Ch. Nephritis 6 mos

13. NAME FATHER Sanford C. Jurist

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

What test confirmed diagnosis? Tray Was there an autopsy? No

15. MAIDEN NAME Do not know

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____, 19____

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

Where did injury occur _____ (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS) C. L. Green Nevada, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Butte Mo. DATE Oct. 9 1936

Nature of injury _____

19. UNDERTAKER (ADDRESS) Coehinger Fern. Home

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

20. FILED 10/8 1936 M. Coehinger Registrar.

(Signed) _____, M. D.

(Address) Nevada Mo

FEB 8 1949

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

Do not use this space.

1. PLACE OF DEATH

County Vernon

Registration District No. 875-

File No. _____

Township _____

Primary Registration District No. 3039

Registered No. 286

City Neuda (No. _____)

St. _____ Ward _____

2. FULL NAME Carrie Belle Green

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said 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.
71 4 15

Brain tumor

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

As a matter of fact very poorly equipped microscopically I might say it was not malignant

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

13. NAME

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 _____ Date of injury _____, 19____

15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

If so, specify _____

19. UNDERTAKER (ADDRESS)

(Signed) R. B. Wray M. D.

20. FILED 10/8 1936 M. C. Schuigan Registrar.

(Address) Neuda Mo

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

S-40143