

NOV 27 1936

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

Do not use this space.

40930

1. PLACE OF DEATH

County Century Registration District No. 878
Township Centerville Primary Registration District No. 6432
City Centerville (No.) St. Ward

2. FULL NAME

Mrs. Anna Elizabeth 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1936, to Nov 7, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1868

I last saw her alive on Nov 5 - 1936 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 9 6

to have occurred on the date stated above, at 9:15 A.M.
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.
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

Artic Stenosis Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Porter County Indiana

Other contributory causes of importance:

13. NAME Jonas Bates

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME unknown

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) unknown

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) Mrs. Green
Darlington

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Sairview DATE Nov 8 1936

Nature of injury

19. UNDERTAKER (ADDRESS) Clifford Brooks
Palmyra, Mo.

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

20. FILED 11-8 1936 W.P. Query Registrar.

If so, specify
(Signed) J.E. Sympron, M. D.
(Address) Staubrey 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.

