

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

Do not use this space.

DEC 3 1936  
PLACE OF DEATH

County.....

Township.....

City ST. LOUIS (No. 2)

Registration District No. 791

City Hospital No. 21003

Primary Registered District No. CITY HOSPITAL NO. 2

File No. ....

Registered No. 11765

St. .... Ward)

2. FULL NAME

DEBY GREEN

(a) Residence, No. 2123 Division St. 2/ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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 Fem. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23- 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 11-21- 1936 to 11-23- 1936

I last saw her alive on 11-23- 1936 Death is said to have occurred on the date stated above, at 4:50 P. M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 75

ARTERIOSCLEROTIC HEART DISEASE 11-21-1936  
Date of onset

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. at home  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: ---

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

FATHER 13. NAME Wash Poston

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

MOTHER 15. MAIDEN NAME Ann ?

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE FATHER KILGON DATE 11-28 1936

19. UNDERTAKER W. O. O'SHEA, NERNAL HOME (ADDRESS) 2734 Sheridan

20. FILED NOV 23 1936 J. F. Bredeck Registrar.

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

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) A. L. Lewis, M. D.  
(Address) 2945 Lawton Ave.

