

JUL 10 1937

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

Do not use this space.

22657

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis (No. 2905 East 33)

Registration District No. 399
Primary Registration District No. 1002

File No. 2503
Registered No. 2503
St. _____ Ward _____

2. FULL NAME

Harriett E. Greene

(a) Residence, No. 2905 East 33 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1858

7. AGE YEARS 78 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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

MOTHER 13. NAME Henry Rogers

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

15. MAIDEN NAME Leventia L. Haskett

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

17. INFORMANT Mo H. O'Neil (ADDRESS) 2905 E 33

18. BURIAL, CREMATION, OR REMOVAL PLACE Alchisonka DATE June 5, 1937

19. UNDERTAKER A. P. Doshier (ADDRESS) 1415 E 15

20. FILED June 11, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937

22. I HEREBY CERTIFY that I attended deceased from Feb. 10 - 1937 to June 4, 1937

I last saw her alive on June 4, 1937. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Carcinoma of uterus
48

Other contributory causes of importance: uterine sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) S. C. Remley, M. D.

(Address) 206 Argyle Bldg -

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.

