

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH *Cartier*  
County *Cartier* Registration District No. *143*  
Township *Cartier* Primary Registration District No. *5205*  
City *Village of S. Barbours* (No. *1*) St. *18* Ward *18*

2. FULL NAME *Parthassa 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.

File No. *33897*  
Registered No. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX *F*  
4. COLOR OR RACE *W.*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 13th. 1870.*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*67 2 3*

8. Trade, profession, or particular kind of work done, as planner, 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) *6 July, 1937*

11. Total time (years) spent in this occupation.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sep. 16th. 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 25th. 1937*, to *Sep. 16th. 1937*  
I last saw him alive on *Sep. 16th. 1937*. Death is said to have occurred on the date stated above, at *3.00 a.m.*

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

*Gradual nervous breakdown incident to debilities of age, leading to senile dementia and finally apoplexy. Sep. 11th. 1937.*

Date of onset \_\_\_\_\_

Other contributory causes of importance:

*arterio sclerosis.*

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

13. NAME *Jas. Campbell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.?*

15. MAIDEN NAME *Edna Hampton*

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

17. INFORMANT *J. J. Chilton*  
(ADDRESS) *Van Buren Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Edgington Mo.* DATE *9-17-1937*

19. UNDERTAKER *C. Cray*  
(ADDRESS) *Van Buren Mo.*

20. FILED *9-17-1937* *J. W. Cotton*  
Registrar.

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? *no*  
If so, specify \_\_\_\_\_  
(Signed) *J. W. Cotton*, M. D.  
(Address) *Van Buren Mo.*

Exact statement of OCCUPATION is very important.

