

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.

**JAN 19 1938**

45805

**1. PLACE OF DEATH**

54

County Lafayette  
Township Davis  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 46c  
Primary Registration District No. 5624-A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lavanah Marlene Green

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 15, 1937.  
I last saw h. u. alive on Dec 15, 1937. Death is said to have occurred on the date stated above, at 6 p. m.

7. AGE YEARS 2 MONTHS 11 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 \_\_\_\_\_

Burn - extensive (abdominal lead) third degree (incl. arms) Dec 1 -

12. BIRTHPLACE (CITY OR TOWN) LaCorderon (STATE OR COUNTRY) Missouri, Mo.

Other contributory causes of importance: \_\_\_\_\_

13. NAME Earl Green

Name of operation None Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) Higginsville, Mo. (STATE OR COUNTRY) \_\_\_\_\_

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

15. MAIDEN NAME Jeanette Belle Proser

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Dec 1, 1937

16. BIRTHPLACE (CITY OR TOWN) Corder, Mo. (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? Higginsville, Mo. (Specify city or town, county, and State)

17. INFORMANT Earl Green (ADDRESS) Higginsville, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 12/16/37

Manner of injury Burn by clothing on fire

Nature of injury Burn

19. UNDERTAKER A. H. Hader (ADDRESS) Higginsville, Missouri

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

20. FILED Jan 1 1938 Tiffany Weib Registrar.

If so, specify \_\_\_\_\_

(Signed) W. K. Koppentrop, M. D.

(Address) Higginsville, Mo.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

45805

Do not use this space.

1. PLACE OF DEATH  
(a) County Lafayette Registration District No. 460  
(b) Township Davis Primary Registration District No. 5624 A Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Lavanah Marlene Green  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 11 3

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

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

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:

Burns (extensive) Head 3d Degree (including arm)  
burning building.  
Other contributory causes of importance:

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) W. E. Ruppenbrink M. D.

(Address) Highwayville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

SUPPLEMENTARY

