

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

Do not use this space.

1848

File No. _____
Registered No. 15
St. _____ Ward _____

1. PLACE OF DEATH

County Cedar

Registration District No. 4

Township _____

Primary Registration District No. 3001

City Kirkville (No. _____)

St. _____ Ward _____

2. FULL NAME

Bessie Green 650

(a) Residence, No. 705 E. Journal St. 4 Ward. (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 (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863 April 9

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>9</u>	<u>8</u>	

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

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) Barnesville Mo.

13. NAME Agan E. Green

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

15. MAIDEN NAME Lavinia Proberly

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

17. INFORMANT (ADDRESS) Goldy M. Hamilton

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Mo. DATE Jan. 22, 1938

19. UNDERTAKER (ADDRESS) Spencer L. Dreamer

20. FILED Jan. 21 1938 Spencer L. Dreamer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from January 32, 1937 to Jan 19 1938

I last saw him/her alive on January 19 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Chronic myocarditis and interstitial nephritis

Date of onset 4 yrs.

Other contributory causes of importance: Bronchial asthma many years

Name of operation _____ Date of _____

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

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 BUREAU OF VITAL STATISTICS

24. Was disease of infectious or parasitic origin? _____

If so, specify _____ (Signed) Spencer L. Dreamer, M. D.

(Address) Kirkville, Mo.

RECEIVED
FEB 21 1938

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Every item of information should be carefully supplied. ROZ should be stated EXACTLY. PHYSICIANS should state

