

REC'D APR 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Carter Registration District No. 143  
 Township Carter Primary Registration District No. 5-205  
 City Van Buren (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10392  
 Registered No. \_\_\_\_\_

2. FULL NAME Martha Victoria Green 650

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred Life 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

3. SEX <u>fm</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. J. Green</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29, 1863</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois, Mo.</u>			
	13. NAME <u>Frank Brame</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
	15. MAIDEN NAME <u>Bashaby Lowry</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
	17. INFORMANT <u>Bob Green</u> (ADDRESS) <u>Van Buren, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brame Cemetery</u> DATE <u>Mar. 22, 1938</u>				
19. UNDERTAKER <u>Croy Funeral Service</u> (ADDRESS) <u>Van Buren, Missouri</u>				
20. FILED <u>3/21</u> 19 <u>38</u> <u>M. C. Registrar.</u>				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 193822. I HEREBY CERTIFY, That I attended deceased from 1-8-38 to 3-21-38I last saw him alive on 3-20 1938 Death is saidto have occurred on the date stated above, at 7:30 AM

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

Acute Enteritis Date of onset 3-19

Other contributory causes of importance:

Pulmonary tuberculosis  
loss of chronic 1910Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis Clinical Was there an autopsy? no23. 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) Wm. H. Burton, M. D.(Address) Van Buren, Mo

