

REC'D SEP 28 1938

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

30158
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 826
 (b) Township Alk. Primary Registration District No. 6100 Registered No. 50
 (c) City..... (d) Street No.....
 (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 Peggy Sue Green 650
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1937

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

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) Malden 0
Ma.

13. NAME William C Green 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph 0
Ark.

15. MAIDEN NAME Irene Harlin

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

17. INFORMANT (ADDRESS) W C Green
Rt #1 Bernie

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery DATE Aug 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Applin Howard Bernie
Bernie, Mo 7-51

20. FILED Aug 31, 1938 T. Loren Allen
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26- 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-24- 1938, to 8-26- 1938
 I last saw her alive on 8-24- 1938. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Colitis
119B

Date of onset

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....., 1938
 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) Ransay Ryan, M. D.
 (Address) Berhite Mo

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

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.