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.

REC'D APR 20 1939

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

Do not use this space.

80
4
4

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 11871
Township — Primary Registration District No. 3032 — Registered No. 109
City Sedalia (No. 1504 S. Quincy St. Ward)

660

2. FULL NAME Nannie Bell Green
(a) Residence, No. 1504 S Quincy 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Henry Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7 1869

7. AGE: YEARS 68 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Pettis Co Mo

FATHER
13. NAME: Josiah Ezikiel Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis Co Mo

MOTHER
15. MAIDEN NAME: Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis Co Mo

17. INFORMANT (ADDRESS): James Henry Green Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell DATE Mar. 17 1939

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia

20. FILED 2-17- 1939 Mrs Harry Snell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch. 7, 1939, to Mch. 15, 1939
I last saw her alive on Mch. 15, 1939. Death is said to have occurred on the date stated above, at 4:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion of lungs	3/10/39
Cerebral Hemorrhage Rt. side (Apoplexy)	3/6/39
Other contributory causes of importance:	
Hypertension	31
Chr. Tuberc. Nephritis	yrs?

Name of operation: None Date of —
What test confirmed diagnosis? Clinical & Laboratory 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) Frank B. Long, M. D.
906 (Address) Sedalia Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/10/39