

1939 JUL 10

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

21174  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002 Registered No. 2442  
 (c) City Kansas City (d) Street No. 4915 Main near 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Vertie Fields Green  
 (a) Residence, No. 4915 Main near 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

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33. 8 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Mustelle Oklahoma

FATHER  
 13. NAME Dan Fields

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

MOTHER  
 15. MAIDEN NAME Urcola Pittsfield

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

17. INFORMANT (ADDRESS) Willie Green 4915 Main, near.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Starkins Bros. 1729 Lydie

20. FILED June 15 1939 M. M. Crowl Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/39

22. I HEREBY CERTIFY, That I attended deceased from May 15 1939, to 6/13/39  
 I last saw her alive on June 12 1939. Death is said to have occurred on the date stated above, at 3:00 m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11/2  
 Other contributory causes of importance: La grippe and Acute inflammatory Rheumatism

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) L. J. Miller, M. D.  
 (Address) 1203 Paseo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**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.....

*T. B. Watkins*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

**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.**