FILED FEB 12 1940

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

Do not use this space.

1928

File No.

Registered No. 29

1. PLACE OF DEATH 308 N. Fred.

County Cape Girardeau — Registration District No. 125

Township Cape — Primary Registration District No. 3009

City Cape Gir. (No. ..... St. ..... Ward)

2. FULL NAME Zeita Vlale Green

(a) Residence, No. 308 N. Fred 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. 2 mos. 1 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) Nov. 15, 1939

7. AGE

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

OCCUPATION

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

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) Cape Girardeau

FATHER

13. NAME Zeita Vlale Green

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) 308 N. Frederick St. Vlale Green. Father

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmount DATE Jan. 17 1940

19. UNDERTAKER (ADDRESS) Seabaugh Funeral Home 118 S. Spring

20. FILED 1-16 1940 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Jan. 16, 1940

I last saw her alive on Jan. 7, 1940. Death is said to have occurred on the date stated above, at ....., ...m.

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

Infant found dead in bed. Suffocation or Heart failure?

Cause of Living & should refer to Physician

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

12 (Signed) Chas. J. Herbert, M. D.

(Address) 639 Good Hope Cape Girardeau Mo.

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.

Embalmed by W.H. Estes No. 3568.