

FILED DEC 11 1940

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

38376

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120  
 (b) Township                      Primary Registration District No. 3009  
 (c) City                      (d) Street No. 1214 So Benton 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.

Registered No. 403

## 2. PRINT FULL NAME

IDA O BELLE GREEN  
 (a) Residence, No. Cape Girardeau Mo (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>James Wed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11 - 1866</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>8</u>	DAYS <u>14</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House widow</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo</u>	
	13. NAME <u>Unknown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>	
	15. MAIDEN NAME <u>                    </u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>	
17. INFORMANT (ADDRESS) <u>John Green Cape Girardeau Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>                    </u> DATE <u>11/27/40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Brentford Howell Cape Girardeau Mo</u>		
20. FILED <u>11-20-40</u> <u>J. M. Thompson</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to 11-25, 1940.  
 I last saw her alive on Sept, 1940. Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Thrombosis, Coronary</u>	<u>11-25</u>
Other contributory causes of importance: <u>none</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify (Signed) <u>G. Frank W. Hall</u> , M. D. (Address) <u>Cape Girardeau, Mo.</u>	

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**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.**