

FILED MAY 20 1942

Registration District No. 022

Primary Registration District No. 3032

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days)
In this community seventeen years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL.")
(d) Street No. 1414 East 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Grace King Green

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Donald Green 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased August 16, 1921
(Month) (Day) (Year)

8. AGE: Years 20 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Loup City, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Arthur King
13. Birthplace Harvey, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Anna Johnson
15. Birthplace St. Clair County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur King (father)
(b) Address 1414 E. 5th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Wm. E. King
(b) Address Sedalia, Missouri

19. (a) April 25, 1942 (Date received local registrar) (b) Mrs. Anna Beecher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1942 hour 3:45 minute A.M.

21. I hereby certify that I attended the deceased from Apr 16th 1942 to Apr 25 1942 that I last saw her alive on Apr 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Bi Chloride poisoning with suppression of work
Due to swallowing of powder Bi Chloride
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 132
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature W. J. Campbell (M. D. or D. O.) MD
Address Sedalia Mo. Date signed 4-25-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-18-42

312 1/2 S. Ohio

APR 24 1945

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 Durane Ewing

Licensed Embalmer No. 2846

P. O. Address Idalia, Mo.

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15170

Registration District No. 668

Primary Registration District No. 3032

Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sadalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 week
seventeen years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Grace King Green

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 16, 1921
(Month) (Day) (Year)

8. AGE: Years 20 Months 8 Days..... (If less than one day min.)

9. Birthplace Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 25
Year 1942 Hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from April 16 1942 to April 25 1942
that I last saw him alive on the 24th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dramic Poisoning

Due to Bic Chloride poisoning- with suppression of urine--swallowing or inserting Bi Chloride tablets

Other conditions Patient badly salivated
(Include pregnancy within 3 months of death)

Major findings: vaginal membranes and tissue badly sloughed.
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of injury) (While at work) (e) Means of injury
23. Signature A. J. Campbell (M. D. or other).....
Address Red Oak, Mo Date signed 5-29-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

1792
13

Duration

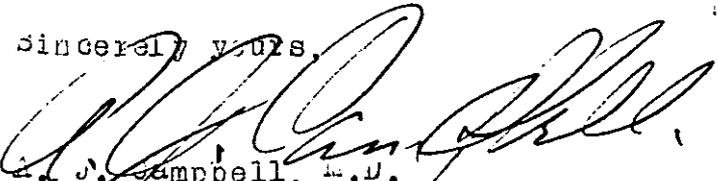
PHYSICIAN

Underline the cause to which death should be charged statistically.

Additional information regarding the death of this patient is unknown. She denied either taking or inserting Bi-Chloride tablets. No information of a missed menstrual period was obtained, but as patient evidently died of Bi-Chloride of Mercury poisoning, and there was evidence of Bi-Chloride of Mercury in abundance in the vaginal tract, it is suspected the Bi-Chloride of Mercury was inserted through lack of knowledge of the danger, instead of a Bi-Chloride douche being taken as probably prescribed by some girl friend, none of which, however, was admitted by the patient. It is my opinion, the Bi-Chloride was not used for suicidal attempt but was used in ignorance of its poisonous effect and was the direct cause of her death, several days later.

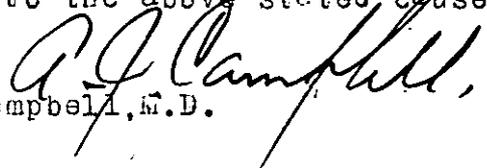
Patient was badly salivated. Patients vaginal mucosa and underlying tissues badly sloughed from the corrosive.

Sincerely yours,


A. J. Campbell, M.D.

AJC:JM

P.S. This patient was seen by three or four other physicians during her illness, all agreed as to the above stated cause of death.


A. J. Campbell, M.D.