

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

Do not use this space.

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FEB 27 1934

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton No. _____ St. _____ Ward _____

File No. _____
 Registered No. 9

2. FULL NAME

(a) Residence, No. 4231 West Grove 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 - 12:00 PM 1934, upon Jan 31, 8:30 PM 1934
 last saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-31-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 hrs.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Evansion Date of onset _____

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 _____

Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

13. NAME Clarence Green

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassidy Co Mo.

What test confirmed diagnosis? _____ Was there an autopsy? No.

15. MAIDEN NAME Cleda Memory

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Clarence Green (ADDRESS) Clinton Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Wood DATE 2-1-34

Nature of injury _____

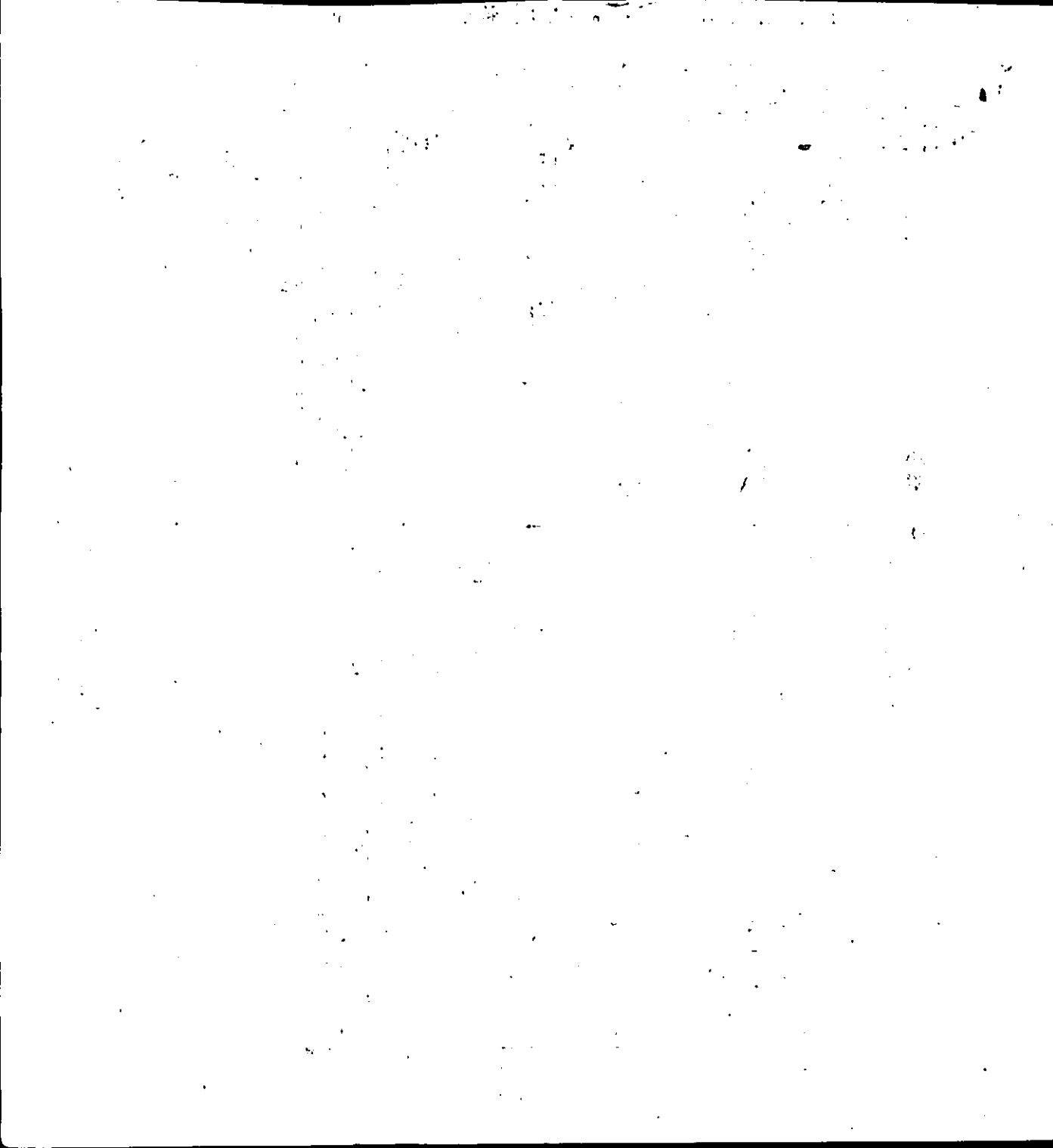
19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo.

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

20. FILED 2-1-34 J. R. Hampton Registrar.

(Signed) A. L. Kinsely, M. D.
 (Address) Clinton Mo.

Every item of information should be carefully supplied. A full statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



Henry

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Baby Green
Who died at _____ on Jan 31 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days 6 hrs

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Transition, underdevelopment, failure of both respiratory & circulatory systems.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician R Hampton Local Registrar

Address of physician Ad. Knisely, Elmer Bldg, Clinton Mo.

Signature of Registrar [Signature]

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E. J. McLaughlin M.D.

Reg. Dist. No. 347.

Primary Reg. Dist. No. 3018

Special Agent.

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MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/68

MEMORANDUM

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