

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

Do not use this space.

28470

1. PLACE OF DEATH

97 County Sullivan Registration District No. 792
Township Arrow Rock Primary Registration District No. 4473
City (No. _____) St. _____ Ward _____

2. FULL NAME

Mollie Elizabeth Green
(a) Residence, No. _____ 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 - 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>11</u>	<u>26</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. u

10. Date deceased last worked at this occupation (month and year) u 11. Total time (years) spent in this occupation u

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

13. NAME Louis Collins

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

15. MAIDEN NAME Mollie Wright

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

17. INFORMANT E. P. Green
(ADDRESS) Arrow Rock Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Park DATE Aug 20 1933

19. UNDERTAKER W. M. Campbell
(ADDRESS) Marion Mo

20. FILED 8-28 1933 L. Lawless
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 1933 to Aug 18 1933
last saw her alive on Aug 18 1933 Death is said to have occurred on the date stated above, at 10:30 m.

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

Mitral Lesion of heart
131
92A
131
Other contributory causes of importance Nephritis chronic interstitial

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) M. S. McGuire, M. D.
(Address) Beauville Mo

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.

SEP 26 1933

