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

Do not use this space.

40913

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. [illegible]
Township Kaw — Primary Registration District No. — Registered No. [illegible]
City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Green, Nancy E
(a) Residence. No. 4426 Forest St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 3 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: Terry Echols
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Ruth Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Data

14. INFORMANT: Record Clerk
(Address) K.C. General Hosp.

15. FILED 12/20, 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-19 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-17, 1928 to 12-19, 1928 that I last saw her alive on 12-19, 1928, and that death occurred, on the date stated above, at 7:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
107 A
162 1000 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Williams, M. D
2-20, 1928 (Address) Supt K.C. Genl Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Muncie Kans
DATE OF BURIAL: 12/21/28 19

20. UNDERTAKER: W. F. Mayberry NC
ADDRESS: Kans City, 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.