

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

Do not use this space.

4751

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
 Township \_\_\_\_\_ Primary Registration District No. 2018  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 178

**2. FULL NAME**

Harriett Green  
 (a) Residence. No. 2 Grand River 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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
90 | 5 | 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. House work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Summerset Ky  
 (STATE OR COUNTRY)

10. NAME OF FATHER Hawkins Bledsoe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Meese

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Arthur Cornick  
 (Address) Clinton mo

15. FILED 2/5, 1930 Dr. E.C. Peelor  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/3 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-27, 1930, to 2-3, 1930 that I last saw her alive on 1-27, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Emphysema  
2005  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) 205B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E.S. Swalper, M. D.  
2-4, 1930 (Address) Clinton mo

\*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 Clinton mo DATE OF BURIAL 2/4 1930

20. UNDERTAKER Spore Son ADDRESS Clinton 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.

1930  
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PARENTS

