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

Do not use this space.

35339

1. PLACE OF DEATH
County: Boone — Registration District No. 72
Township: Centralia — Primary Registration District No. 5111
City: ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 44

2. FULL NAME: Mary Florence Greene
(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: John M. Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-14-1862

7. AGE: Years 68 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Boone Co. Mo.

PARENTS
10. NAME OF FATHER: Tandy J. Bush
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Winchester Kentucky
12. MAIDEN NAME OF MOTHER: Mary McCauley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Randolph Mo

14. INFORMANT: O P Green
(Address) Columbia Mo

15. FILED 11/28, 1930 J. T. Hickerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1930, to Nov. 26, 1930, that I last saw her alive on Nov. 26, 1930, and that death occurred, on the date stated above, at 2:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(duration) 1/2 hour yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. T. Hickerson, M. D
11/28, 1930 (Address) Centralia 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: Union Church Cem
DATE OF BURIAL: Nov 27 1930

20. UNDERTAKER: M J McDonald
ADDRESS: Centralia 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.