

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

Do not use this space.

10967

1. PLACE OF DEATH

County ..... Registration District No. 1701  
Township ..... Primary Registration District No. City Hospital  
City St. Louis, (No. City Hospital)

File No. ....  
Registered No. 3045  
St. .... Ward)

2. FULL NAME

(s) Residence, No. 3404 N. 11th St., 26 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>not married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 4, 1923</u>		
7. AGE	YEARS	MONTHS
<u>9</u>	<u>2</u>	<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>none</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>4</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okeea 2

13. NAME Ben Greene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 9

15. MAIDEN NAME Margaret Evertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Ben Greene  
(ADDRESS) 3404 N. 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron Mo DATE 3/28/1932

19. UNDERTAKER Wm McLaughlin  
(ADDRESS) 1630 Mission

20. FILED R. E. Stanton  
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932 to March 26, 1932  
I last saw her alive on March 26, 1932 Death is said to have occurred on the date stated above, at 2:15 P. m.  
The principal cause of death and related causes of importance were as follows:

Acute Pneumonia  
108  
133A  
108  
Other contributory causes of importance:  
Pyretic psychoneurosis  
(cause not known)

Name of operation ..... 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? ..... Date of injury ..... 19.....  
Where did injury occur? (D)  
(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 not related  
(Signed) Wm McLaughlin M. D.  
(Address) City Hospital

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.

MARG. RESERVED FOR BINDING

NO. 2.

