

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

Do not use this space.

9451

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township KAW Primary Registration District No. _____
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL) St. _____ Ward)

File No. _____
Registered No. 1036

2. FULL NAME MRS. CARMON NANCE GREEN

(a) Residence, No. 5128-GRAND 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>LOUIS S. GREEN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCTOBER-30-1902</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-2 1933

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1933, to March 2, 1933

I last saw her alive on 3-2, 1933 Death is said to have occurred on the date stated above, at 10:30 PM

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

Date of onset

Lobar Pneumonia
Right + Left Lower lobes

Other contributory causes of importance: 106

Metrol Stenosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Dr. W. A. ... M. D.

(Address) Harward ...

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>
	13. NAME <u>ROY NANCE</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>
	15. MAIDEN NAME <u>MAUDE AULDRIDGE</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>
	17. INFORMANT <u>MR. LOUIS S. GREEN</u> (ADDRESS) <u>5128-GRAND AVE.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>MARCH-6</u> 19 <u>33</u>
	19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>
	20. FILED <u>3/3</u> 19 <u>33</u> <u>3:30 PM</u> <u>Coron</u> <u>1224</u> Registrar.

N. B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-33-51

1:30-5