

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

*Bohling*  
Do not use this space  
**25868**  
File No. **247250**  
Registered No. **668**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County **Pettis**  
Township \_\_\_\_\_  
City **Sedalia**

Registration District No. **668**  
Primary Registration District No. **9032**  
City **1712 So. Moniteau**

**2. FULL NAME**

**Lizzie Green**  
(a) Residence, No. **1712 So. Moniteau** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 15 1847**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**87 3 4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER FATHER 13. NAME **Tredway**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT **Julian Morall** (ADDRESS) **St. Louis Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crown Hill** DATE **July 20 1934**

19. UNDERTAKER **Gillespie Funeral Home** (ADDRESS) **Sedalia Mo.**

20. FILED **7-30**, 19 **34** **Jean Slack** Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19 1934**

22. I HEREBY CERTIFY that I attended deceased from **June 15**, 19**34**, to **July 19**, 19**34**. I last saw her alive on **July 12**, 19**34**. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

**Interstitial Nephritis**  
**Myocarditis**  
**131**  
**93C**  
Date of onset **1928**

Other contributory causes of importance:  
**Fractured of neck of femur**  
**1928**

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
What test confirmed diagnosis? **X-ray of femur** Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) **Gene Bohling**, M. D.  
(Address) **Sedalia 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.

**AUG 8 1934**

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WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lizzie Green  
Who died at \_\_\_\_\_ on July 19 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 87 Months 3 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: <sup>my card has interest reports</sup> Month \_\_\_\_\_ Year 1928

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) Illinois

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: \_\_\_\_\_

Other contributory causes of importance Fracture neck of femur  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? at home  
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury This fracture occurred eight or ten years ago.

Nature of injury fall

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar Jean Slack Date filed 7-20-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 668  
Primary Reg. Dist. No. 3032  
Very truly yours,  
E. J. McLaugh m.d  
g.c

Special Agent.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

S-25868

RE: [Illegible]

DATE: [Illegible]