

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis** (No. **City, Hospital 182**)

File No. **26795**
Registered No. **6991**
St. Ward

2. FULL NAME

Lizzie Green
(a) Residence, No. **2606 DICKSON** St., **21** 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 **Female** 4. COLOR OR RACE **Colored** 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) **abt 1849**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 85

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Domestic**
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) **Nashville Tenn**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Lucy McDowell Dickson** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL **Father Dickson** DATE **July 18, 1937**

19. UNDERTAKER **McDowell Funeral Home** (ADDRESS) **3505 Franklin Ave**

20. FILED **17 1937** 19 **St Bredeck** Registrar.

PHYSICIAN CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **2:18 P.**

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

Chronic Myocarditis Date of onset
Senility

Other contributory causes of importance:

Name of operation **432** Date of

What test confirmed diagnosis? 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? (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

(Signature) **Sarah J. [Signature]** M.D.

(Address) **[Address]**

I. D.—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 16 1937

