

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

Do not use this space.

AUG 18 1936

28733

1. PLACE OF DEATH

County.....  
Township.....  
City..... **St. Louis**

Registration District No.....  
City Registration District No.....  
**City Hospital No. 2**

791

1003

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

2. FULL NAME

**Anna Green**  
(a) Residence, No. **39 S. Channing** St., **18** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **28** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**53 0 7**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
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) **Mississippi**

FATHER 13. NAME **William Chambers**

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

MOTHER 15. MAIDEN NAME **Anna Whiting**

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

17. INFORMANT (ADDRESS) **Ruby Perdeau 2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **July 19** 19**36**

19. UNDERTAKER (ADDRESS) **Pope Undertaking Co 2931 Guyan**

20. FILED **JUL 17 1936** **Ruby Perdeau** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14th** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **7-12-** 19**36** to **7-14-** 19**36**

I last saw her alive on **7-14-** 19**36** Death is said to have occurred on the date stated above, at **1:15** P.

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

Date of onset

**Pyelonephritis Calculeus**

Other contributory causes of importance:

**Acute Uremia Results of Chronic Nephritis**

Name of operation  
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? (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) **Jas. B. Lawton**, M. D.  
(Address) **2945 Lawton**

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.

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