DEC'D SEP 23 1938

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

29151
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 405
(b) Township Mineral — Primary Registration District No. 4239 — Registered No. 5
(c) City Alba, Mo. — (d) Street No. Alba Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary May Green
(a) Residence, No. Alba, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ray Green
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1897
7. AGE: YEARS 41 — MONTHS 3 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Joplin, Mo — 0

FATHER
13. NAME: Wm. Davis — 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa — 1

MOTHER
15. MAIDEN NAME: Oney Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne County, Iowa

17. INFORMANT (ADDRESS): Ray Green
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE ~~Forest Park~~ Farmer — DATE Sept. 1, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thornhill-Dillon, Joplin, Mo
20. FILED Aug. 31, 1938 — Effie Green, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938 to Aug 30, 1938
I last saw her alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis — Date of onset
Other contributory causes of importance: Chronic Nephritis
Name of operation — Date of
What test confirmed diagnosis? — 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) [signature], M. D.
(Address) Wable City Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-62
Date Filed 9-20-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Cecil A Thornhill, or by .....
Registered Apprentice No....., working under my personal supervision.

Signed Cecil A. Thornh

Licensed Embalmer No. 3590

P. O. Address Joplin M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.