

WHEN THIS CARRIES THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS

Stella Klein

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR

Lincoln, Nebraska

Feb. 10, 1972

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

52 009332

WIRTH NO. 126 CERTIFICATE OF DEATH STATE FILE NO.

1. PLACE OF DEATH
a. COUNTY *Hall*
b. CITY (If outside corporate limits, write Street) *Lincoln*
c. TOWN *Lincoln*

2. USUAL RESIDENCE (Where deceased lived, if institution, institution name)
a. STATE *NEBR.* b. COUNTY *Hall*

3. FULL NAME OF DECEASED
a. (Print) *LYDIA GREEN*
b. (Type or Print) *LYDIA GREEN*

4. DATE OF BIRTH
a. (Month) *Mar* b. (Day) *24* c. (Year) *1877*

5. SEX *F* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify)

8. USUAL OCCUPATION (Give kind of work, no. KIND OF BUSINESS OR INDUSTRY
None *None* *None*

9. FATHER'S NAME *Henry & Helen* 10. MOTHER'S MAIDEN NAME *Lucy Jones* 11. NAME OF HUSBAND OR WIFE *Walter Green*

12. CAUSE OF DEATH
a. (Print) *Coronary Occlusion*
b. (Type or Print) *Coronary Occlusion*

13. MEDICAL CERTIFICATION
a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
b. ANTECEDENT CAUSES
c. OTHER SIGNIFICANT CONDITIONS

14. DATE OF OPERATION *2/1* 15. MAJOR FINDINGS OF OPERATION *Mild Hypertension*

16. ACCIDENT INQUIRY
a. (Specify) *None* b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)
c. CITY OR TOWN (If rural area, write RURAL)

17. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY

18. I hereby certify that I attended the deceased from *11:30* to *11:50* p.m. and that death occurred on *11/24* at *11:50* a.m. from the cause and on the date stated above.

19. SIGNATURE (Print or type) *Stella Klein* 20. ADDRESS *Lincoln, Nebraska* 21. DATE SIGNED *2/10/72*

22. BURIAL OR CREMATION REMOVAL (Specify) *None* 23. NAME OF CEMETERY OR CREMATORY *Lincoln* 24. LOCATION (City, street, etc.) *Lincoln*

25. DATE RECORDED BY LOCAL REGISTRY *SEP 18 1972* 26. REGISTRAR'S SIGNATURE *Stella Klein* 27. FUNERAL DIRECTOR'S SIGNATURE *Walter Green* 28. ADDRESS *Lincoln, Nebraska*

NW 1/4 Sec 4 28-10-11 712

State of Nebraska }
County of Hall } 83

Entered on Numerical Index and filed for record in Office of Registrar of Deeds on the *15th* day of *March* 19 *72* at *9* o'clock and *25* minutes A. M. and recorded in Book *6* of Miscellaneous *165*

Register of Deeds, *Rene Ann Jacobsen*
By *Stella Klein* Deputy

Grantee *Stella Klein*
Grantee *Stella Klein*
Numerical *1-2-3-4*

MAR 13 9 25 AM

Stella Klein

Fees \$ *3.25*