FEB 23 1928

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

Do not use this space.
2245

1. PLACE OF DEATH
County: Ray
Township: Knoxville
City: (No. ..... St. ..... Ward)
Registration District No. 915
Primary Registration District No. 6236
File No.
Registered No. 1

2. FULL NAME: Elbon Earl Green

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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): Jan 2 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	1	10	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: ✓ 1071 908
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ray Co. Mo

PARENTS
10. NAME OF FATHER: Elza Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ray Co. Mo.
12. MAIDEN NAME OF MOTHER: Ola Gulley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ray Co. Mo

14. INFORMANT: Elza Green
(Address) Lawson, Mo.

15. FILED Jan. 13, 1928. Mrs. G.W. Gaines, REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 12, 1928 that I last saw him alive on Jan 12, 1928, and that death occurred, on the date stated above, at 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
100 A
..... (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) Peri Carditis
..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr. G.W. Gaines, M. D
Jan 13, 1928 (Address) Rayville, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Cem.
DATE OF BURIAL: Jan 13 1928
20. UNDERTAKER: J.W. Ward
ADDRESS: Lawson, 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. THIS IS A PERMANENT RECORD