

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

Do not use this space.

30164

85

**PLACE OF DEATH**

County Buchanan

Registration District No. \_\_\_\_\_

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. No Meth Loop)

File No. \_\_\_\_\_  
Registered No. 1116  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Leonard Robert Green (Davis)

(a) Residence. No. 1442 North 13<sup>th</sup> St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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)

June 13 1917

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

12

3

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

School Boy

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Joseph

(STATE OR COUNTRY)

10. NAME OF FATHER

Edward E. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Buchanan

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Francis Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

DeKalb Co

(STATE OR COUNTRY)

14. INFORMANT

Mrs. C. A. Rethemeyer

Address

1442 North 13<sup>th</sup>

15. FILED

John G. Webb

24 1929

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 10:35 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Fractured Skull and Right Arm. Result of Auto accident at 6th & Lincoln 210M (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

1880 (duration) yrs. mos. da.

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) B. W. Tallock Coroner, M. D.

9/24 1929 (Address) St Joseph 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

DATE OF BURIAL

Helena, Missouri Sept. 25 1929

20. UNDERTAKER

ADDRESS

Heeman Funeral Home Inc 1446 Colburn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1929

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ALICE

ALICE

ALICE

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