

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

Do not use this space.

28292

**1. PLACE OF DEATH**

County Jackson

Registration District No. 345

Township Ryan

Primary Registration District No. 1344

City Wassoulet, Mo.

Ward 4

File No. 28292

Registered No. 28292

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 443 W. Walnut

(Usual place of abode)

St. 17

Ward \_\_\_\_\_

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 2 - 1855

7. AGE

YEARS 75

MONTHS 11

DAYS 7

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

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)

Rock Hill, D. C.

13. NAME

William Green

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

Ireland

15. MAIDEN NAME

Bridgett Mackay

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

Ireland

17. INFORMANT (ADDRESS)

Miss Elizabeth Green 443 W. Walnut

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's DATE Aug 11, 1931

19. UNDERTAKER (ADDRESS)

J. J. Dornell Co 732 1/2 Broadway

20. FILED

10 31 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-5-31 to 8-9-31

I last saw him alive on 8-8-31 Death is said

to have occurred on the date stated above, at 10:10 a.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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) 410 S. 10th St., St. Louis, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

~~F. H. Johnson~~  
D. A. Y.