

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

Do not use this space.

9717

1. PLACE OF DEATH

County Jackson Registration District No. 383
 Township Kear Primary Registration District No. 100
 City Kansas City (No. 2427 Street)

File No. _____
 Registered No. 1321
 St. _____ Ward _____

2. FULL NAME

Charles Delano Green
 (a) Residence, No. 2427 Street St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 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) Feb. 8 - 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>0</u>	<u>1</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 6

12. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Mo.

13. NAME Charles Delroy Green

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

15. MAIDEN NAME Green B. Kinna

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

17. INFORMANT Charles T. Tolson
 (ADDRESS) 2427 Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 3-20 1933

19. UNDERTAKER Wm. W. Mortimer
 (ADDRESS) Kansas City, Mo.

20. FILED Mich 19 1933 M. M. Crowl
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/33-19

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
Deputy Coroner

I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Thymic hyperplasia
status thymic lymphaticus
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) _____

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

