

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.

SEP 26 1933

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

Austene
Do not use this space.
25616

1. PLACE OF DEATH
 10 County Boone Registration District No. 72 File No. _____
 Township Centralia Primary Registration District No. 5111 Registered No. 2
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Marion 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>4</u>	<u>24</u>	

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

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) Boone Co Mo.

FATHER
 13. NAME John D. Green
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Ky.

MOTHER
 15. MAIDEN NAME Martha Ann Ketchum
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris Co Mo.

17. INFORMANT Mag Arthur Jennings
 (ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Church DATE 8/31st 1933

19. UNDERTAKER M. J. Medsker
 (ADDRESS) Centralia Mo.

20. FILED 8/31 1933 J. F. Harrison
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 - 1933 to Aug. 30 - 1933
 I last saw him alive on Aug. 30, 1933. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Disease (Date of onset _____)
(Mitral Valve Disease)
92A
97
 Other contributory causes of importance 97
Gen. Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No.
 If so, specify _____
 (Signed) Chas. W. Austene, M. D.
 (Address) Centralia, Mo.

100-100-100

8