

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

Do not use this space.

70933

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City..... (No. City Hospital #2)

File No.....  
Registered No. 7594 St. .... Ward)

**2. FULL NAME**

Calb Green  
(a) Residence, No. 814 1/2 Sueds St. M 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 <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-16-1896</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>X X</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Don't know</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 31-1933</u>		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pacific Mrs.</u>		
13. NAME <u>Calb Green</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Truy, Mrs.</u>		
15. MAIDEN NAME <u>Elgie Poolfolk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Truy Mrs.</u>		
17. INFORMANT (ADDRESS) <u>Sophie Spears Fethwood Mrs.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pacific Mrs.</u> DATE <u>Sept 3rd</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Thurston E. Peltier 3030 Bell Ave.</u>		
20. FILED <u>SEP - 2 1933</u> <u>J. H. Breckel</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 60.m.  
The principal cause of death and related causes of importance were as follows:  
Fracture of skull received when struck by auto in St. Louis Mo. Deceased was a pedestrian.

Other contributory causes of importance:  
None

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 8/31, 1933  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Public Place

Manner of injury Struck by auto  
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Wm. J. Green M.D.  
(Address) 1117 1/2 Deputy Governor

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.

OCT 20 1933

WRITE LABEL WITH CHANGING INK—THIS IS A PERMANENT RECORD

