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.

JAN 26 1934

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

Do not use this space.

40074

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. [illegible]

City Kansas City (No. 318 East 48th Street St. Ward)

File No. 4878

Registered No. 4878

2. FULL NAME Maurice H. Green

(a) Residence, No. 318 East 48th Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1900

7. AGE: Years 33 — Months 4 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Philadelphia, Penn.

FATHER

13. NAME: Harry Green

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

MOTHER

15. MAIDEN NAME: Goldie Glass

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

17. INFORMANT (ADDRESS): Ida Green, 318 East 48th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Rose Hill — DATE: Dec. 13, 1933

19. UNDERTAKER (ADDRESS): J. P. Louis Funeral Home, 3400 Woodland

20. FILED: 12/13, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933, to Dec 12, 1933

I last saw him alive on Dec 12, 1933. Death is said to have occurred on the date stated above, at 4 A.m.

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

Rheumatic Heart Disease — Date of onset

95

56

Other contributory causes of importance

Name of operation — Date of

What test confirmed diagnosis? EKA + X-Ray — Was there an autopsy? no

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) George C. Lee, M. D.

(Address) 1002 Argyle Bldg. Kansas City, Mo.