

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

Do not use this space.

41802

File No. _____
Registered No. 10844
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1008
City St. Louis Mo. (No. _____) Lambertum

2. FULL NAME

William Harry Green

(a) Residence, No. 1117 N. 17th St. 25 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. (?) 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 58</u>	<u>4</u>	<u>4</u>	<u>-</u>	<u>-</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Coal Wagon Driver</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Coal Co.</u>
	10. Date deceased last worked at this occupation (month and year)	<u>Unknown</u>
	11. Total time (years) spent in this occupation	<u>unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

15. MAIDEN NAME Unknown

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

17. INFORMANT Blanche Costra

18. BURIAL, CREMATION, OR REMOVAL PLACE Maths Dickson DATE Dec. 18 1933

19. UNDERTAKER (ADDRESS) Beuco & Tinner and Co. 7002 N. Harrison

20. FILED DEC 28 1933 J. H. Bueck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 30 1933, to 17 - 13 1933

I last saw him alive on 12 - 13 1933. Death is said to have occurred on the date stated above, at 7⁰⁰ a. m.

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

93
34
93
General Paralysis of the Insane (GPI)
Chronic Myocarditis
Intoxication
10-30-33
10-30-33
10-30-33

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Laboratory 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? _____
If so, specify _____
(Signed) Ch. H. Hallinan, M. D.
(Address) 5400 Arsenal

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

