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

Do not use this space.

24231

File No.
Registered No.

1. PLACE OF DEATH
County: Henry
Township: Clinton
City: Clinton (No. 106, E. Elm St., 1 Ward)
Registration District No. 347
Primary Registration District No. 3018

2. FULL NAME: Lester Mac Green

(a) Residence, No. 106 E. Elm St., 1 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-22-1934

7. AGE: Years 0 | Months 1 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dependent
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): Clinton Missouri

FATHER
13. NAME: Sherman E. Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co. Missouri

MOTHER
15. MAIDEN NAME: Vera Wilma Angell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co. Missouri

17. INFORMANT (ADDRESS): Vera Wilma Green

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blairstown DATE: 7-22-1934

19. UNDERTAKER (ADDRESS): Sims Funeral Home Clinton Mo.

20. FILED: 7-24, 1934 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1934

22. I HEREBY CERTIFY That I attended deceased from birth, 19..., to 7/21, 1934. I last saw h. Cr. alive on 7/19, 1934. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Inanition	
Improper Care	

Other contributory causes of importance:

Name of operation: None 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) W. E. Pistor M. D.
(Address) Clinton Mo

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.

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

MARGIN RESERVED FOR BINDING

AUG 13 1934

U.S. No. 2
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