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

Do not use this space.

File No. 24285

Registered No. 88

1. PLACE OF DEATH

County Henry

City Township Blairstown

Village Big Creek

Registration District No. 347

Primary Registration District No. 4205

(No. ..... St. ..... Ward)

2. FULL NAME Clarence Edwin 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.

AUG 13 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/7/34

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

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

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) Blairstown, Mo.

FATHER

13. NAME Clarence Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co, Mo.

MOTHER

15. MAIDEN NAME Beulah Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deepwater, Mo.

17. INFORMANT Clarence Green (ADDRESS) Blairstown

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 7/9 1934

19. UNDERTAKER None (ADDRESS)

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 1934, to 7/8, 1934

I last saw him alive on 7/7, 1934. Death is said to have occurred on the date stated above, at 9.30 P.M.

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

	Date of onset
Do not know. Died very suddenly.	
Other contributory causes of importance:	

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? .....

If so, specify .....

(Signed) Ed C Peelor, 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