

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.

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Richmond

Registration District No. 85

File No. 18587

Township

Primary Registration District No. 1001

Registered No. 671

City Joseph

(No. 3021 Gene Field)

St. _____ Ward _____

2. FULL NAME William Green

(a) Residence, No. 3021 Gene Field 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.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 67

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

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) Kentucky

13. NAME James Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Hellen McSwain

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

17. INFORMANT Louis Green Telling (ADDRESS) 3021 Gene Field

18. BURIAL, CREMATION, OR REMOVAL Common Mt DATE May 7 1936

19. UNDERTAKER Barry H. Hefle (ADDRESS) 218 E. 10th

20. FILED May 7 1936 H. J. Neathel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4th 1936, to May 5th 1936

I last saw h. t. r. alive on May 5th, 1936. Death is said to have occurred on the date stated above, at 4:30 p. m. May 5th

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

Bronchial pneumonia Date of onset May 2/36

Other contributory causes of importance: Heart insufficiency over two years.

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's examination Was there a autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) H. J. Thompson, M. D.

(Address) 805 Charles

