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

AUG 25 1936

Do not use this space.

27929

1. PLACE OF DEATH

County Saint Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 227

City ..... (No. 6174 Minerva Avenue St. ..... Ward)

2. FULL NAME Joseph Green

(a) Residence, No. 6174 Minerva Avenue St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~XXXXXX~~ Ella Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1874

7. AGE: YEARS 61 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Jackson Missouri

FATHER

13. NAME William Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

MOTHER

15. MAIDEN NAME Dinah Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT (ADDRESS) Cameron Green 6174 Minerva Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson, Missouri, DATE July 24, 1936

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED 7-23- 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 20, 1936

I last saw him alive on July 18th, 1936 Death is said to have occurred on the date stated above, at 1:46 m. A.M.

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

Chronic Myocarditis — Date of onset 1 year?

Other contributory causes of importance:

Name of operation None — Date of

What test confirmed diagnosis clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XXXXXX 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) [signature] M.D.

(Address) 4800 Olive Street, e