AUG 24 1937

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

Do not use this space.

File No. 27357

Registered No.

1. PLACE OF DEATH
County Howell
Township
City West Plains (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 4227

2. FULL NAME Raymond Green

(a) Residence, No. St., Ward. Willow Springs, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1913

7. AGE: Years 23 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion picture machine operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Forest Service
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) St. Louis, Mo.

FATHER
13. NAME Preston Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strong City, Kans.

MOTHER
15. MAIDEN NAME Elizabeth Conaway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Joella P. Green
(ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Willow Springs DATE July 18, 19 37

19. UNDERTAKER T. R. Burns & Son
(ADDRESS) Willow Springs, Mo.

20. FILED 7-16, 19 37 Vida W. Simons, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 13, 19 37, to July 16, 19 37
I last saw him alive on July 16, 19 37. Death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:

Double Pneumonia (Lobar) — Date of onset July 10-37

Other contributory causes of importance:

Staphylococcus Septicemia

Name of operation None Date of
What test confirmed diagnosis? Blood Culture 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? no
If so, specify
(Signed) R. Hodgson, M. D.
(Address) West Plains, 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

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