

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pike Registration District No. 684  
Township Peso Curran Primary Registration District No. 5912  
City Bowling Green (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 28092  
Registered No. 28

2. FULL NAME

William Zollie Green

(a) Residence, No. Frankford, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8 - 1861</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>3</u>	DAYS <u>23</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7<sup>th</sup>, 1937, to July 31, 1937.  
I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
Chronic prostatitis with complete urinary retention

Other contributory causes of importance:  
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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? \_\_\_\_\_ 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 \_\_\_\_\_ M. D.  
(Signed) August Harry Mott  
(Address) Bowling Green, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	13. NAME <u>Jeff Green</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT <u>Ermene Green</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frankford Mo.</u> DATE <u>Aug 7</u> , 19 <u>37</u>	
19. UNDERTAKER <u>Fields and Son</u> (ADDRESS) <u>W. E. Megaw</u>	
20. FILED <u>8710 A</u> , 19 <u>37</u> <u>W. E. Megaw</u> Registrar.	

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.

