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

Do not use this space.

2980

1. PLACE OF DEATH
County Jackson
Township ~~Blue~~
City Independence (No. ..... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. 2980
Registered No. 21

2. FULL NAME Ulysses Wright Greene 650
(a) Residence, No. 908 W Waldo 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abbie E. Greene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	7	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
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) Medway Mass.

FATHER
13. NAME Asa Alonzo Greene
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acton Mass.

MOTHER
15. MAIDEN NAME Ann Eliza Greene
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrentham Mass.

17. INFORMANT (ADDRESS) Mrs. Marion Nunn. 908 W. Waldo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE 1-19-1938

19. UNDERTAKER (ADDRESS) Cato & Speak Funeral Home Indep. Mo.

20. FILED 1-20-1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 16, 1938
I last saw him alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Gastric hemorrhage — Date of onset Jan 8 1938

124B1

Other contributory causes of importance:
Arterial hypertension - yrs

Name of operation none Date of
What test confirmed diagnosis? Terry Stroke 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John R. Green, M.D.
(Address) Independence Mo

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RECEIVED
FEB 25 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2980
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township — Primary Registration District No. 3019 — Registered No. 21
(c) City Independence (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ulysses Wright Green
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w	m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
	72	7	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19 .....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Gastric Hemorrhage	
No post mortem	
High blood pressure	
Lower cirrhosis	

Other contributory causes of importance:

124B1

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) John R. Greene, M. D.
(Address) Independence Mo

SUPPLEMENTARY

HEREWITH SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938
S-2986