

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township _____
City Marshall (No. _____)Registration District No. 796
Primary Registration District No. 3038File No. 19614
Registered No. 75
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1322 N. Salt pond St. #4 Ward 4
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE (col) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Green6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th 18957. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 " 10 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster

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) Blackwater (STATE OR COUNTRY) Cooper (Co.) Mo.13. NAME Henry Franklin Green14. BIRTHPLACE (CITY OR TOWN) Blackwater (STATE OR COUNTRY) Cooper (Co.) Mo.15. MAIDEN NAME Paulina Ferguson16. BIRTHPLACE (CITY OR TOWN) Blackwater (STATE OR COUNTRY) Cooper (Co.) Mo.17. INFORMANT Maudie Woods (ADDRESS) Saline Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Saline (Cem.) DATE May 14, 193819. UNDERTAKER Fred H. Ferguson (ADDRESS) 364 W. North St. Marshall Mo.20. FILED 5-14-38 Mary Kent Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 193822. I HEREBY CERTIFY, That I attended deceased from held inquest to May 12, 1938

I last saw h. v. give on _____ 19 ____ Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Probably - Apoplexy
natural causesOther contributory causes of importance: 82K

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) B. C. Bradshaw, M. D.(Address) Arrow Rock, Mo.
corner Saline Co. Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

